If more blanks are needed, address State Registrar, 2411 N. Charles Street Baltimore, Regulating V. S. No. 1.

BINDING

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis MAP 7 1932	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
RI TAULV	1		Final
Other contributory eauses of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

BINDING

RESERVED

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Ex	ample I		Example II	
The principal cause of deat of importance were as follo	h and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	103/	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	111/21	1921	Run over by street car	1 week ago
Cerebral hemorrhage	V PAREUR	July 5,1927	Pcritonitis	3 days ago
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallslones		May 1,1923	Gastroenteritis	1 year

N. B.

STATE OF MARYLAND—CERTIFICATE OF DEATH

61966

1	. PLACE OF	DEAT	TH .			[3]	
	County Village or C		hingtor gerstov	INITE	(If	Registration Dist. No. 30 No. Washington County Hospital or institution, give its NAME instead of street and	1 3 Ward
	Length of resid	dence In cit	ty or town where d	leath occurred4		ds. How long in U.S. if of foreign birth?yrsm	
2	. FULL NA	ME	Lelia l	L. Barne	S		
	(a) Residence	ce: NoI	Frederic	Ck St. E	extended of abode)	St., Ward. If nonresident give city or town and	State
	PERSON	AL AN	D STATIST	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3.	Sex Female		r or race	5. SINGLE, MAR OR DIVORCE	RIED, WIOOWED, D (write the word)	21. DATE OF DEATH February 19, (Month) (Oay)	, 193 2 (Year)
5a.	If married, widow HUSBANO of (or) WIFE of	ed, or divo	. Oscar	Barnes		22. I HEREBY CERTIFY, That I attended	deceased from
6.	DATE OF BIRTH (month, day	v. and year) Jar	nuary 26	, 1883		; death is said
	AGE Yea	rs	Months	0ays 23	If LESS than I day,hrs. ormin.	to have occurred on the date stated above, at 10:30 m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Oate ol enset
OCCUPATION	9 Industry or I	ork done, BOOKKEE business in done, as S L, BANK, e	as SPINNER, PER, etc which SILK MILL, etc	Home. Wol	ime (years)	Hypertinning Bardio Vasular Rind Diner	ywayo
_	this occupyear) BIRTHPLACE (cit (State or cour	pation (mo	ath and	spe	nt In this	Other Contributory Canses of importance: Jamunia Comunic Callinguing	2/17/32
ER	1		eller Sa	exten			
FATHER	14. BIRTHPLACE (State or			enna.		Name of operation	autopsy?/W
ER	15. MAIOEN NA	ME E	nma Eak	le		23. If death was due to external causes (VIOL ENCE) fill in also the following	g:
MOTHER	16. BIRTHPLACE (State or	(city or to country)	own)	A		Accident, suicide, or homicide?Oate of injury Where did injury occur?(Specify city or town, county and Sta	
	INFORMANT (Address)	Hag	Oscar Ba			Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PL	
18.	Place_Ha			oateFeb	22, ,1932.	Manner of Injury	
19.	. UNOERTAKER(Address)	Fre	d W. Kr	aiss,	5	24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed)	710
20.	FILED	~	192 201		Registrar.	(Address) 170 WWw king h	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I	to design one	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis AR 7 1934	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
MAR 7 1932			
Other contributory causes of importance: Gallstones BURLAU	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
- Disconnection of			

ADDITIONAL SPACE FOR FURTHER	STATEMENTS	BY	PHYSICIAN
------------------------------	------------	----	-----------

484	STATE OF MARYLAND—	CERTIFICATE OF DEATH (196	8
infor- state UPA.	1. PLACE OF DEATH	99-0	-
F E	county Washington	Registration Dist. No. 3/6	
item of should of OCC	Village or City & acceptance	NoSt.,St.,St.	War
NS NS	Length of residence in city or town there deeth occurred	ds. How long in U.S. if of foreign birth?yrsmos	de
Every CIANS ement	2. FULL NAME Sarah Elizabeth	Burtue	
. = 44	(a) Residence: No. Keeclesulle md:	St., Ward, If nonresident give city or town and S	itate
ECORD, PHYS; tact sta	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
L Y. Exa	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Color of the word)	21. DATE OF DEATH (Month) (Day)	193_2
BINDING PERMANEN EXACTI y classified.	58. If married, widowed, or divorced HUSBAND of (or) WIFE of Erra Burkes	22. Jule 1 HEREBY CERTIFY. That I attended do	eceasad fro
	6. DATE OF BIRTH (month day, and year) Thay . 10-1841	liast saw h. Latalive on trule 3/ 1932;	death is sa
H - T 0	7. AGE Years Months Days If LESS than I day,hrs.	to have occurred on the date stated above, at 9	
FOR IS A I stated properlectifical	90 9 1/ 1 day,min.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance were as follows:	Date of onse
- 00 00	8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	acute myseardates	1 da
RESERVED G INK—THI IGE should be that it may be one on back of		J	
SERV INK—T should it may	work was done, as SILK MILL, SAW MILL, BANK, etc	-	
INI INI E sh at it	o this occupation (month and spent in this		
NEGIN RESPICED IN TRADING IN Publied. AGE erms, so that instructions of	Challatrice.	Dther Contributory Causes of importance:	4 de
MARGIN UNFADIN supplied. A n terms, so t	12. BfRTHPLACE (city or town)	arterial Hypertenium	
MARGI UNFA supplied n terms,	# 13. NAME Jacob Harp,	Brau Chatle	
D in to		Name of operation Date of	2
	Tuesday of the same of the sam	What test confirmed diagnosis?	utopsy?
Y, WITH carefully H in pla	15. MAIDEN NAME Lydia Cline	23. If death was dua to axternal causes (VIOLENCE) fill in also tha following:	
Y, care	16. BIRTHPLACE (city or town) Colourele (State or country)	Accident, suicide, or homicide? Date of injury	, 19
AINLY, W.d be carefu DEATH in primortant.	(Stata or country) fred. Co. May	Where did injury occur?(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	;)
LAJ Ild DE	(Address)	Specify whether injury occurred in INDUSTRY, in HOME, of in Public Pla	IOE.
E PLA should OF DI		Manner of injury	
-WRITE mation scause	19. UNDERTAKER WD DI BOAY YSON,	24. Was diseasa or injury in any way related to occupation of decaased?	no
I EUF	(Addrass) Poorebro Md	If so, specify	
K K	20. FILED Tele 24", 1932 Attenderio	(Signed) Scales from mod	М.
		N 0 1 0 P 1 P 2 C 1 C N	

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BUREAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	<u> </u>
county Nashinaton	Registration Dist. No. 302
** ** ** ** ** ** ** *	No. 112 E Hnyretam st. 3 Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Martha Jane Du	٩٢
(a) Residence: No. 112 F Antie Yam	SI., 3 Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR QR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
temale White Widow	(Month) (Day) (Year)
5a. If married, widowed, er divorced	The state of the s
(or) WIFE of Samuel C.	1 HEREBY CERTIFY. That I attended deceased from
F-10-11-19115	I last saw h 3 alive on Zelon / 19.3.2; death is said
	to have occurred on the date stated above, at 1215 Pm.
1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
O Total and in the contract of	were as follows:
kind of work done, as SPINNER,	arlesse celesosis
9. Industry or business in which	varies russes
work was done, as SILK MILL, SAW MILL, BANK, etc.	
11. Total time (years)	
year) Dec 1931 occupation 40413	Other Contributory Causes of importance:
12 BIRTHPLACE (city or town) Smo this barg	Other Continues of Importance.
(State or country)	Ame
# 13. NAME (- evrge H: 1)	
E 14 BIRTHPLACE (city or town) Smithsburg	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
# 15. MAIOEN NAME \ \ ayu Smith	23. If death was due to external causes (VIOL ENCE) fill in also the following:
5 16 BIRTHPI ACE Ceity or town Smith Sburg	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur?
17 INFORMANT F 1/0 (5 13 (184	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Kaa Crstown Md	
18. BURIAL, CREMATION, DR REMOVAL	Manner of injury
Place Y age YS1 Own water 52124 3, 19 32	Nature of injury
TK Carryon	24. Was disease or injury in any way related to occupation of deceased?
(Address) Hand Paris Maria	If so, specify
2-2- 32 6 has HB	(Signed) and Stauffer M. B.
20. FILED , 19 Registrar.	(Address) 1 4 gerslow mg
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Reghesting U. S. No. 1.
	1. PLACE OF DEATH County Village or City ASS NOW DON Village or City ASS NOW DON VIllage or City ASS NOW DON VILLAGE AND STATISTICAL PARTICULARS 2. FULL NAME (a) Residence: No. 12 FMY 2 AM (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR QR RACE 5. SINCLE, MARRED, WIDOWED, OR DIVORCED ("curite Nie word) 7. AGE Years Months Days If LESS than I day, hrs. or min. 8. Trade, profession, or particular kind of work dome, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BARK, etc. 10. Date deceased last worked at this occupation (month and year) Document of the country occupation (month and year) Document of the country occupation (State or country) 12. BIRTHPLACE (city or town) Sm. 14 S Day 9 13. NAME DOY 9 14. BIRTHPLACE (city or town) Sm. 14 S Day 9 15. MAIOEN NAME 16. BIETHPLACE (city or town) Sm. 14 S Day 9 16. BIETHPLACE (city or town) Sm. 14 S Day 9 17. INFORMANT Country) 18. BURIAL, CREMATION, DR REMOVAL Place (State or country) 19. UNDERTAKER (Address) 20. FILED REMATION, DR REMOVAL Place (Address) 20. FILED REMATION, DR REMOVAL REGISTARY (Address) 20. FILED REMATICAL REMATION, DR REMOVAL REMATICAL RE

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4	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of cpilepsy	1 week ago
1921	Run over by street cor	1 week ago
July 5,1927	Perilonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis ·	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of crilepsy 1921 Run over by street cor July 5,1927 Peritonitis Other contributory causes of importance:

re te	÷	STATE OF MARYLAND—	CERTIFICATE OF DEATH	CS IN AN
	UPA	1. PLACE OF DEATH	82D UI	310
of	220	County Washington	Registration Dist. No. 30)2
item of	Į C	Village or City leages rolow	No. No. St. St.	2/ Ward
200	it o	Length of residence in city of town where death occurred 2 yrs. mos	death occurred in a hospital or institution, give its NAME instead of street andds. How long in U.S. if of foreign birth?yrs	number)
Every	men	2. FULL NAME South 6 15	yrou	1031
. H	statement	(a) Residence: No. 8 Proshort	St. & Ward.	
		(Usual place of abode)	If nonresident give city or town and	d State
EC	xact	PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH	
Y Y	<u> </u>	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	21. DATE OF DEATH	103 2
I'L	ed.	5a. If married, widowed, or divorced	(Month) (Day)	(Year)
DIL	ssified	HUSBAND OF Jane W Syrow	22. HEREBY CERTIFY, That Jattenday	deceased Iron
Z SX.	cla	2/2/1/1/1	19 E to	, 19 2
	cate	6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at ALC, m	4 ; death is said
FOR IS A stated	properly certificate.	7/ 3 4 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causas of Importanca were as follows:	
- 70		_ 8. Trada, profession, or particular	Weie as follows.	Oate of onset
	y be	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business In which	Coronary a forther	Jan 9
KK_7	may	work was done, as SILK MILL, SAW MILL, BANK, etc.	Con a lander for	-023
	on on	10. Date deceased last worked at this occupation (month and spant in this	Co Decy ace in Alasan g	1937
RE (G	that	yaar) occupation	Other Contributory Causes of importance;	
GIN FADIN	erms, so tha instructions	12. BIRTHPLACE (city or town) (State or country)	V	-
RGJ IFA Jied	ms,			
MAR UNF suppli	ا ه تب	E 244 5	Name of available	
. = .	See	4. BIRTHPLACE (city or town) (State or country)	Name of oparation Date of What test confirmed diagnosis? Was there an	
	in pant.	15. MAIDEN NAME HOANTET Mc COOK	23. If death was due to external causes (VIOL ENCE) fill In also tha following	
		15. MAIDEN NAME CONTROL OF THE STATE OF THE	Accident, suicide, or homicide? Date of injury	_
P S S	DEATH y import	(State or equility)	Where did injury occur? (Specify city or town, county and Sta	
LAJ		17. INFORMANT (Address)	Specify whether injury occurred In INDUSTRY, In HOME, or In PUBLIC PL	ACE.
F 1 (0)		18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
) E 5	Z is	Place A Company Date 77, 1932	Nature of injury	
WRIT	CAUSE TION is	19. UNDERTAKER Cusulter Stous	24. Was disease or injury in any way related to occupation of deceased?	
B. Ro		(Address) Haginstown und	If so, specify	
S. N.	T	20. FILED 2-5- 6326 Karf Bower	(Signed) Vocan Dille ller	м. D
	1	Registrar.	(Address)	
		as more vianks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I			Example II		
The principal cause of importance were as	f death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago	
Chronic interstitial neph	7	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	MAR 7 1932	July 5,1927	Peritonitis	3 days ago	
	BUREAU V. S.	· entrained			
Other contributory ca	uses of importance:		Other contributory causes of importance:	- F100	
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE	OF MARYLAND-	CERTIFICATE OF DEATH (1197	1
1. PLACE OF DEATH CDUNTY Village or City Length of cesidence in city or town where 2. FULL NAME TO Y 9	V	93-0	
County V Q S N P N Village or City V Q	19 Your	Registration Dist. No. 30 No. 100 No.	Ward
Length of residence in city or town wher			ds.
2. FULL NAME TO Y 4	Ellin Carlil	le	
(a) Residence: No. 5 \ E	Washing Yon	St., 3 Ward.	
PERSONAL AND STATIS	(Usual place of abode)	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH	:
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH SALE OF DEATH	
Female Vy S: Ye Se. If married, widowed, or divorced	OR DIVORCED (write the word)	Leby 25 ,193	(Year)
HUSBAND of (or) WIFE of		1 HEREBY CERTIFY That I attended decea at 17,1932, to Feb 25	sed from
6. DATE OF BIRTH (month, day, end year)			ath is said
7. AGE Years Months	Deys If LESS than 1 day, hrs. or min.	THE FRINCIPAL CAOSE OF DEATH and related causes of importance	ts of onset
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BODKKEPER, etc	Housekeeper	Bronchial adhura.	
work was done, as SILK MILL, SAW MILL, BANK, etc	11. Total time (yeers) spent in this occupation (JYrs -	Chronic myocarditio, following repeated	
12. BIRTHPLACE (city or town) 13 um (State or country)	Key Mill	Other Coutributory Causes of importance:	
	Carlile	- rugo caracia	
13. NAME Sames 1 14. BIRTHPLACE (city or town) (State or country)	all de	Name of operation Date of	
(Stete or country)	Pa	What test confirmed diagnosis? Was there an autops	sy?
15. MAIDEN NAME Susan 16. BIRTHPLACE (city or town) (State or country)	Bowers	23. If death was due to external causes (VIDLENCE) fill in also the following:	
16. BIRTHPLACE (city or town)	Sunser Hill	Accident suicide, or homicide? Date of injury,	, 19
17. INFORMANT James E	Carlele	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
(Address) + Q Q EX 18. BURIAL, CREMATION, DR REMOVA Place (Q Q S 1 0 W Y V	nd Date Febry 28, 1932	Manner of Injury	
19. UNDERTAKER TALK COX	X Man	24. Was disease er Injury In eny way related to occupation of deceased?	0
20. FILED 2 - 28 - , 1932 6	Kospisowas L. Registrar.	(Signed) Allufayman: (Adg(965) Haunstown M.	M. I
If me		, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

Example I)	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitialing phritis CEIVED	1921	Run over by street car	1 week ogo	
Cerebral hemorrhage	July 5,1927	Peritoni tis	3 days ago	
MAR 7 1932				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gostroenteritis	1 year	

ADD	ITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIA
	TTTO TITLE	NA 11CI	T OT	T O ICE IN LINE	PINITUME	DI	I II I DICIA

STATE OF MARYLAND—CERTIFICATE OF DEATH state infor-OCCUPA 1. PLACE OF DEATH should County Registration Dist. No. Village or City ...St.,Ward Jo (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS How long in U.S. if of foreign birth?_____yrs.____mos.___ Length of residence In city or town where death occurred statement RECORD. (a) Residence: No. If nonresident give city or town and State (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE S, SINGLE, MARRIED, WIOOWED, 21. DATE OF DEATH OR DLYORCED (write the word) (Month) (Oay) (Year) classified H 5e. If married, widowed, or divorced HUSBANO of F.Y., That I ettended deceesed from (or) WIFE OF × 6. DATE OF BIRTH (month, dev. end veer) properly 7. AGE Years Months Deys If LESS than to have occurred on the dete stated ebove. 1 dev. hrs. The PRINCIPAL CAUSE OF OEATH end reteted ceuses of Importance or min. were as follows Date of onset 8. Trade, profession, or perticuter THIS. OCCUPATION kind of work done, es SPINNER, Jo SAWYER, BOOKKEEPER, etc should may back 9. Industry or business in which work was done, es SILK MILL SAW MILL, BANK, etc ... 10. Oete deceesed last worked et 11. Totel time (years) this occupetion (month end spent in this that occupation instructions 12. BIRTHPLACE (city or town (Stete or country) FATHER 13. NAME See 14. BIRTHPLACE (city or town) plain (State or country) Whet test confirmed diegnosis the eulla carefully Was there en autopsy? important. 1S. MAIOEN NAME 23. If death was due to external ceuses (VIOLENCE) fill in also the following Accident, suicide, or homicide?. OF DEATH Oete of injury 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?. (Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. pluods 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury -WRITE CAUSE mation LION Neture of injury 24. Was diseese er injury in any 19. UNOERTAKER (Address) If so, specify (Signed) Registrar.

BINDIN

FOR

RESERVED

MARGIN

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	7-1	The principal cause of death and related causes of importance were as follows:	S Date of onset	
Arteriosclerosis RECEIVED	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage NAR 2 193Z	July 5, 1927	Peritonitis	3 days ago	
BURRAU V. B				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPA	ICE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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Exact		PLACE OF DEATH
.0	C	ounty Alas Mught
ifie .		WITHIN COMPORATE LIMITS OF
EXACILY, F y classified. cate.	Villa	age or City Stagustum (No. 573, 1
		2 FULL NAME
stated properi f certifi		PERSONAL AND STATISTICAL PARTICULARS
y b	3 S	When the word of t
shoul it ma on be	6 D	ATE OF BIRTH
chat ons		(Month) (Day) (Year)
supplied A terms so t see instructi	7 AG	If LESS than
supplied terms See insti		yrs
be carefully ATH in plain important:	bi bi	A) Trade, profession or articular kind of work. (b) General nature of industry usiness, or establishment in which employed or (employer) IRTHPLACE (State or country) (State or country)
OF DE		10 NAME OF FATHER Charles R. Carles
ATION I	ENTS	11 BIRTHPLACE OF FATHER (State or country) Manyland
204	PAR	OF MOTHER Cruma M. Grame
C 00	-	13 BIRTHPLACE OF MOTHER (State or country) Maryland
	14 T	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
CIANS sho		(Informant) Charles (A. Carles
CIA		(Address) Hazustown
	15 F	Filed 2-23-1923 2-6Key 113 ower Registrar

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration	Dist. No.
Z Ward)	(If death occurred in a hospital or institu-

stend of number.)

ADDRESS

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

20 INDERTAKER

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Mo	onth) (Day) , 1(8 (Year)
	nat I attended the deceased from
192, to	0, 192
that I last saw halive on	
and that death occurred on the dat	te stated above, at . 8
The CAUSE OF DEATH & was as fo	ollows:
	elapuent)
Contributory Secondary	
(Signed) Mary A. Feb. 2/ 196 2 (Address)	Laughlum.
*State the Disease Causing Violent Causes, state (1) Means Accidental, Suicidal or Homicida	Death, of, in deaths from of Injury; and (2) whether al.
18 LENGTH OF RESIDENCE (Fo	or Hospitals, Institutions, Trans
At place of death yrs. mosda.	In the State,yrs mos de
Where was disease contracted, if not at place of death?	
Fermer or usual residence	
POLICE OF BURIAL OR REMOV	VAL CATE OF BURIAL Z ~ 2/-, 19 3.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the disease causing death, whatever, write None. gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House household only (not paid Housekcepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Womer," ete., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. (a) Foreman, (b) Automobile factory. Spinner, (b) Cotton mill; (a) Salesman, (b) Crocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (3) the eases, especially in industrial employments, it is neces-Civil engineer, Stationary fremen, etc. But in many Physician, Compositor, Architect, Locomotice engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The queseupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc For many occupations a single word or term on without more precise specification as Day The material

Exatement of Cause of Death—Name, first, the pushase eausing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Spinal meningitis"); Diphtheria (avoid use of pneumonia,") Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

ment of cause of death approved by Committee on head of "eontributory." Nomenclature of the American Medical Association.) quences (e. g., sepsis, tetanus) may be stated under the Poisoned by carbolic acid-probably suicide. The nature of the injury, as fracture of skull, and eonsetrain-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely. and qualify as aceidental, suierdal, er momierdal, or "PUERPERAL scp/icacmia,""PUERPERAL peritonitis," etc. taken. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weaknes.," etc., when a definite disease rhage," "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure," "Haemorsymptomatie), "Atrophy," "Collapse," "Coma," "Conconditions, ary), 10 ds. Never report mere symptoms or terminal vulsions," causing death), 29 ds.; Bronchopneumonia stated unless important. Example: Measles (disease use of "Tunor" for malignant neoplasms); Measles; Chronic interstitial nephritis, etc. The contributory inges, peritonacum, etc., Carcinomu, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) affection need not be Whooping cough; cause for which surgical operation was under-FOR VIOLENT DEATHS STATE MEANS OF INJURY . (name origin; "Cancer" is less definite; avoid "Debility" ("Congenital," "Senile," etc.), such as "Asthenia," "Anaemia" (merely Chronic valvulur heart disease; (Rrcommendations on state-(seeond-

If this certificate is looked over thoroughly and all questions answered in decall, it will prevent further correspondence. All the data is assential and must be obtained before the certificate is permanently filed.

VAR 7 193

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

V. S. No. 1

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

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spinal meningitis"); Diphtheria avoid use of "Croup ed term for the same disease. Examples: Cerebrospina Typhoid fever 'never report "Typhoid Pneumonia") EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DIS time and causation), using always the same accept-(the only definite synonym is "Epidemic cerebropreumonia, Bronchopneumonia ("Pneumonia,

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RECEIVED answered in data is essential permanently filed. If this certificate is looked over thoroughly and al questions detail, it will prevent further correspondence. and must be obtained before the certificate is

t t		STATE OF MARYLAND—	CERTIFICATE OF DEATH 61975
infor- state		1. PLACE OF DEATH	91-0
1.11 P 7 1		county Washington	Registration Dist. No. 30 2
item of should		Village or City X C O X S TO W Y	No. 3 45 N. Potomac St., 5 Ward death occurred in a hospital or institution, give its NAME instead of street and number)
× 00 +	/ 1	Length of residence in city or town where death occurred	ds. How long in U.S. if of foreign birth? yrs mos ds.
CORD. Every PHYSICIANS	1	2. FULL NAME Marry L. Coxxmo	a re
		(a) Residence: No. 345 n. Potomac	St., 5 Ward.
IYS st		(Usual place of abode)	If nonresident give city or town and State
RECORD. PHYSI		PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
- H. H.		3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) TT a yr fed	21. DATE OF DEATH (Month) (Day) (Yaar)
NDING RMANEN X A C T I		5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY. That I attended deceased from
IQ V		(or) WIFE of Flyne 1)	7el-15 1930 10 4el-10 1932
		6. DATE OF BIRTH (month, day, and year) O of 16- 1871	Hast saw h sm alive on 7 el 10 , 19 32 death is sald
	certificate	7. AGE Yaars Months Days If LESS than	to have occurred on the date stated above, at 22 Rh.
FOR IS A stated	tif	6 1 3 23 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
		8 Trade profession or particular	Bronchial asthma 1/1/129
ED HIS be	Jo	kind of work done, as SPINNER, Lumber Dealey	myocarditis chr. ?
RVI K-T	back	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked at this occupation (month and	
SERV.		SAW MILL, BANK, etc	
(D) F4	, 0	this occupation (month and spant in this 25445.	
N RES	instructions	B 40000 1/0	Other Coutributory Causes of importance:
		12. BIRTHPLACE (city or town) 1 20-11 25 3 . (State or country)	College Williams of sound
MARGIN I UNFADI supplied.	ıstr	E 13. NAME PEXEX COXYMON	
A V da	3 4	13. NAME VEYEY COXY MON 14. BIRTHPLACE (city or town) Dakers v: 1)e	Name of operation Date of
1 = 40	See	(State or country)	What test confirmed diagnosis? Was there an autopsy?
WITH Pefully su	it.	E 15. MAIDEN NAME / 12a beth Kendall	23. if death was due to external causes (VIOLENCE) fill in also the following:
	rtar	15. MAIDEN NAME Paabeth Kendall 16. BIRTHPLACE (city or town) N. 1119 amsport	Accident, suicide, or homicide? Date of injury, 19
	DO .	S (State or country)	Where did injury occur?
E PLAINLY, should be car	very important.	17. INFORMANT HT. K. COXYMau (Address) Harox & Dun M	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
	w .	18. BURIAL, CREMATION, QR REMOVAL	Manner of injury
	is is	Place Magristown www Date 1-eby 12 19 32	
-WRITE	TION	19 UNDERTAKER BIS COXXIII	24. Was disease or injury in any way related to occupation of deceased?
) E	(Addrass) Takerstown med	If so, specify
N. S.	7	20. FILED 2-11-, 1932 Charl Sowers Resistrat.	(Signed) H. a. Vorterfield M. D. (Address) 136 W Washington St.
50	1		2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	-	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage 3 TTA J V. 3.	July 5,1927	Peritonitis	3 days ago
			2-31
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastraenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting O. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURRAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

4 4 7	STATE OF MARYLAND—	CERTIFICATE OF DEATH	66
infor- state UPA-	1. PLACE OF DEATH	(131)	7
CC P S	county Washington	Registration Dist. No. 36	9
item shou of 0	Village or City Qax 0 S S	No. St., death occurred in a hospital or institution, give its NAME instead of street and number	Ward
> 00 m		ds. How long in U.S. if of foreign birth?yrsmos	
CORD. Every PHYSICIANS oct statement	2. FULL NAME TITYS LING 4 TIT QUE CU	nninghau	
	(a) Residence: No. QQQYVOSS.	St., Ward.	
	(Usual place of abode)	If nonresident give city or town and Stat	е
RECO Fxact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
- S	Temalo VV 10 Ve 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the, word)	21. DATE OF DEATH (Month) (Day) (Day)	3 Z (Year)
NEW CTL	5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY. That I attended dece	eased from
NDING RMANEN X A C T J classified	(or) WIFE of VOCTOR	Feb. 14 1932 to Feb. 23,	19.32
H 5	6. DATE OF BIRTH (month, day, and year)	Hast saw h. er alive on Feb. 221 ,1932; de	eath is sald
H T T E	7. AGE Years Months Day If LESS than	to have occurred on the data stated above, at	
FOR B IS A PE stated E properly certificate	53 7 // lday,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	ate of onset
- 70	Z 8. Trada, profession, or particular kind of work done, as SPINNER.		-14-32
ED HIS	kind of work done, as SPINNER, HOUSE WUYLE. SAWYER, BODKKEEPER, etc. 9. Igdustry or business in which	Hemiplegia - top.	-/4-32
VERVI Should it may n back	work was done, as SILK MILL,	pronetto-preumma 2	-21-32
S. S. P. S.	kind of work done as SPINNER, SAWYER, BODKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 1D. Date deceased last worked at this occupation (month and yoar) 11. Total time (years) spent in this occupation STYVS		
RES NG I AGE that	yoar) -1932 occupation 2 44vs-	Dther Contributory Causes of Importanca:	
Z 4 - 0	12. BIRTHPLACE (city or town) Clax XOSS	Chionis Interstitute replication 2	-14-32
MARGIN UNFADI supplied. n terms, so ee instruct	(State or country)	6.	tons
MARGI UNFAI supplied. n terms, ee instru	13. NAME JUhn Jmith-		
MA H U sul in t	13. NAME John Smith -	Name of operation Nove Date of No) -
T is	(State of Country)	What test confirmed diagnosis? Rove Was there en auto	osy?
INLY, WI be careful EATH in I important.	15. MAIDEN NAME H manda Summers -	23. If death was due to external causes (VIOLENCE) fill in also the following:	
AINLY, id be car DEATH	16. BIRTHPLACE (city er town)	Accident, sulcide, or homicide? Date of injury	., 19
EAS imp	10000	Where did Injury occur? (Specify city or town, county and State)	
ABBA	17. INFORMANT VICTOR III. Cunningham (Address) Ceay 1/088. TIT	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
PL Shoul	18. BURIAL, GREMATION, OR BEMOVAL	Manner of injury	
(r)	Place Mage XSTOWN Md Date + loy 25, 1932		
WRITE mation s CAUSE TION is	19 UNDERTAKER ALECUYY Man	24. Wes disease er injury in any way related to occupation of deceased?	,
0	(Address) Haerelystown, Ma	If so, specify 200	
A m	20. FILED Feb. 24 19 32 George St. Burbaken	(Signed) W. Novaro yeoger	M. D.
> 2	Alepsity Los Registrar.	(Address) Hogerfline, Md.	
11000	If more blanks are needed Daddress State Registrar,	2411 N. Charles Street, Baltimone Requesting V. S. No. 1.	

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA-AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. MARGIN RESERVED FOR BINDING · mation should be carefully supplied.

PLACE OF DEATH	D-CERTIFICATE OF DEATH 11978
County Washington Village or City hagers town	Registration Dist. No. 302 No. Wash, County Hospital St., 3 Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
	mosds. How long in U.S. if of foreign birth?yrsmosds
FULL NAME Irene M. Daywalt	
(a) Residence: No. 200 Jeffers n Street	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female White 5. SINGLE, MARRIED, WIDOW OR DIVORCED (write the w	
f married, widowed, or divorced HUSBAND of Clarence E. Daywal (or) WIFE of	t 22. I HEREBY CERTIFY, That I attended deceased from 19, 19, 19
ATE OF BIRTH (month, day, and year) Jan. 31, 1898	last saw h alive on
GE Years Months Days If LESS	
34 0 20 1 day,	I HIS I KINCITAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular kind of work done, as SPINNER, Home Work SAWYER, BOOKKEEPER, etc. Home Work	Ciccidental
SAWYER, BOOKKEEPER, etc. Home Work 9. Industry or business in which	I Mown from Judimohnt
work was done, as SILK MILL, SAW MILL, BANK, atc	to Mester The June
10. Date deceased last worked at this occupation (month and spant in this year)	me ken y 10 agestra
BIRTHPLACE (city or town) Mercersburg, Pa. (State or country) Pa.	Other Contributory Causes of importanca:
13. NAME Clarence Houpt	
	Date of
14. BIRTHPLACE (city or town) Lencersburg, (State or country)	Name of operation Data of What have an autonous?
15. MAIDEN NAME Mary	What test confirmed diagnosis?
	Accident, suicide, or homicide?
16. BIRTHPLACE (city or town) Nercersburg, (State or country)	Where did injury occur?
INFORMANT Clarence E. Daywalt (Address) Hagerstown, Md,	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Waynesboro, Pa Date 2-24,	9.3. Nature of injury
UNDERTAKER Fred W. Kraiss, (Address) Fage ratown, Md.	24. Was disease or injury in any way related to occupation of deceased?
FILED 2-22, 1932 Charthoane	(Signed) Rechard Dugge voley armount.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II		
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Chronic interstitial nephritis 1932	1921	Run over by street car	1 week ago	
Cerebral hemorrhage MAR	July 5,1927	Peritonitis	3 days ago	
BUMMAU T.S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	107-2
County Washington	Registration Dist. No. 3.45
Village or City Zillestours	NoSt.,Ward
Length of residence in city or town where death occurred	f death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?mosms
2. FULL NAME Charlotte (vous	Derri
(a) Residence: No. Tuttletours Mcd	· St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH
Jemale White Single	(Mghth) (Day) (Yeer)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I ettended deceesed from
(OT) WIFE OT Ough	Fulson 12' , 1932, to Ful 14 , 1932
6. DATE OF BIRTH (month, day, and year)	I last saw h. 4 alive on Fule 157, 1932; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
	The PRINCIPAL CAUSE OF DEATH and releted causes of importence were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Brota Buguntina 14
SAWYER, BOOKKEEPER, etc.	1 oroneus - Paramorles Lay
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Do Data deceased last worked at this pecuation (month and this pecuation (month and	
O Data deceased last worked at this occupation (month and spant in this	
yaar) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	
(State or country) (1) factor Co. Md,	
13. NAME CLIFFORD DELIVERY 14. BIRTHPLACE (city or town) Bolivery	h
14. BIRTHPLACE (city or town) Co. Thd.	Neme of operation Pune Dete of
	What test confirmed diegnosis? Was there an autopsy?
E COLUMN	23. If deeth was due to external causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide?
O 16. BIRTHPLACE (city or town)	Where did injury occur?
17. INFORMANT Clifford Deve	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE,
(Address) Muddle town R. 4	, , , , , , , , , , , , , , , , , , , ,
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place 2001 Date /slamay/619.32	Nature of injury
19. UNDERTAKER Way 3. Bast & Son	24. Was disease or Injury in any way related to occupation of deceased? . %
(Address) Doorstyn Md.	If so, specify
20. FILED Jeles / 6 ., 1932 (1) Clian J- Dask	(Signed) A sullest mile M. D.
Registrar	(Address)

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BURBAU V.S	. f			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
		-1.		

ADDITIONAL SPACE FOR FUR	RTHER STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND	CERTIFICATE OF DEATH 61980
1. PLACE OF DEATH	(b)-a)
County // additional to the country // additi	Registration Dist. No.
Village or City Funkslown Wo	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred yesmos	ds. How long in U. S. if of foreign birth?yrsmosds.
2. FULL NAME Course Harto	2
(a) Residence: No.	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLODOR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 2 26
Thomale Will marriace	(Month) (Oay) (Year)
5a. If married, widowed of divorced HUSBANO of	22/ I HEREBY CERTIEN, That I attended deceased from
(or) WIFE of Wellam Ory Fr	Neb. 14, 1932 to deb. 24 1932
6. DATE OF BIRTH (month, day, and year) $8 = 2.4 = 1863$	Hast saw h In alive on Stele 24 1936; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 4.25 A.m.
68 6 2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular	Oate ol onset
kind of work done, as SPINNER, Nowe	Droneho-preumonia det. 14
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occuration (mostly and the business) and the business of the second in this committee (mostly and the business).	1932
10. Date deceased last worked at this occupetion (month and spant in this	
this occupation (month and spant in this occupation	
12. BIRTHPLACE (city or town) Md	Other Contributory Cases of importance:
(State or country) a plattingtere Co	arthritis last heart 20 mg
13. NAME John Oromer	
14. BIRTHPLACE (city or town) Mol	Name of operation
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME (Burbana and) 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOL ENCE) fill In also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT Susan Miller	Specify whether Injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.
(Address) Hagan Low Mol	
Place Karays willing 0ate 2 x 28 1932	Manner of Injury
0193 40	Nature of injury
19, UNDERTAKER (Address) Reader Wills had	24. Was disease or Injury in any way related to occupation of deceased?
2-27- 1144-14/2014	If so, specify (Signed) Add-ell M. D.
20. FILED Registrar.	(Address) Stautistown Md.
	2411 N. Charles Street, Baltimore, Regusting U. S. No. 1.

#119

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Chronic interstitial nephritis	1921	Run over by street car	1 weck ago	
Cerebral hemorrhage MAR 7 1332	July 5,1927	Peritonitis	3 days ago	
BURBAUV				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

If more blank

That I attended deceased from

Date of onset

Registrar.	1	(Address)	1300	1 cun	1
address State Registrar,	2411 N.	Charles Street, Baltime	re. Requests	ng W. S. Na. z.	

STATE OF MARYLAND—CERTIFICATE OF DEATH

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Example I			Example II		
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis	RECEIVED	1915	Attack of epilepsy	1 week ago	
Chronic interstitial ne	phritis	1921	Run over by street ear	1 week ago	
Cerebral hemorrhage	NAR 7 1932	July 5,1927	Peritonitis	3 days ago	
	BURRAU V. S.				
Other contributory	causes of importance:		Other contributory causes of importance:	18	
Gallstones		May 1,1923	Gastroenteritis	1 year	

RESERVED

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis MAK	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BULEAU V. D.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

BINDING

RESERVED

MARGIN

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	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5,1927	Peritonitis	3 days ago	
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
	1915 1921 July 5,1927	of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:	

ADDITIONAL SPACE FOR FURTHER STATEMEN	NIS	15 Y	PHISICIAN
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4		CERTIFICATE OF DEATH
-	PLACE OF DEATH	01984
	County Washington	Registration Dist. No. 302
	Village or City Kangukathan	No. 414 Washingtones, Ward death occurred in a horpital or institution, give its NAME instead of street and number)
	Length of residence In city of town where death occurred 6 4-yrsmos.	
2	FULL NAME Laura Kate Fuer	1
	(a) Residence: No. 414 W Washington	St., / Ward.
-	(Usual place of abode)	If nonresident give city or town and State
3, 8	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH
10	male white Married (word)	7. DATE OF BEATH 7. (Month) 3. (193 2. (Year)
ља.	If married, widowed, or divorced HUSBAND of	22. HEREBY CERTIFY, That I attended deceased from
	(or) WIFE of Cagar C Fury	Jan 11 1932, to Feb 3 1932
6. [DATE OF BIRTH (month, day, and year) Som 7 1868	I last saw h_la alive on Fel 3 , 19.32; death is said
7. /	AGE Years Mooths Days If LESS than	to have occurred on the date stated above, at Z, 20 Pm.
	6 4 ~ 26 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset
Z	8. Trade, profession, or particular kind of work done, as SPINNER,	myocarditis 111113
	SAWYER, BDOKKEEPER, etc. 9. Industry or business in which	nefhritis Chronic indef
UPA	work was done, as SILK MILL, SAW MILL, BANK, etc.	
OCCUPATION	10. Date deceased last worked at this occupation (month and year)	
12.	BIRTHPLACE (city of fown) Nagerstown (State or country)	Other Contributory Causes of importance: acute dilitation hoart 2/3/3
ER	13. NAME Jacob Russners	
FATH	14. BIRTHPLACE (city or town)	Name of operation Date of
	(State or country) Yelman	What test confirmed diagnosis? Was there an aulopsy?
HER	15. MAIDEN NAME Catherine lummphan	23. If death was due to external causes (VIOL ENCE) fill in also the following:
MOT	16. BIRTHPLACE (city or town) Naggratom	Accident, suicide, or homicide?, 19, 19
2	(State or country)	Where did injury occur?(Specify city or town, county and State)
17.	INFORMANT Oldgar Tilly (Address)	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18.	BURIAL, CREMATION, OR REMOVAL	Manner of injury
	Place Hayliaum III Date 700 , 193	Nature of injury
19.	UNDERTAKER SCITT 7 Minnigh (Address)	24. Was disease or injury in any way related to occupation of deceased?
20.	FILED 2-4-, 1932 Chart Bowers	(Signed) A. S. Porterfield M. (Address) 13 6 W. Washington St.
4		2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	İ	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-CERTIFICATE OF DEATH OCCUPA 1. PLACE OF DEATH should Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) _ds. How long In U.S. if of foreign birth? ____yrs. ____ mos. ___ ds Every PHYSICIANS Length of residence in city or town where death occurred. statement RECORD. (a) Residence: No. (Usual place of abode) If nonresident give eity or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 21. DATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married (Month (Yaar) 5a, If married, widowed, or divorced HUSBANO of CERTIFY. That I attended deceased from (or) WIFE of 6-27-1855 6. DATE OF BIRTH (month, day, and year) certificate 7. AGE Years Months Days If LESS than to have occurred on the date stated above, at proper 1 day,hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or min. were as follows: Date of onset 8. Trada, profession, or particular kind of work done, as SPINNER, OCCUPATION MARGIN RESERVED SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc... back may should 10 11. Total time (years) spent in this 10. Date deceased last worked at this occupation (month and occupation _ instructions 12. BIRTHPLACE (city or town (State or country) FATHER 13. NAME Name of operation 14. BIRTHPLACE (city or town) (State or country) Was there an autopsy? carefully What test confirmed diagnosis? MOTHER 15. MAIDEN NAME important. 23. If death was due to external causes (VIOL ENCE) fill In also the following: Accident, suicide, or homicida? ______ Date of injury ______ 19_ 16. BIRTHPLACE (city or town) (State er country Where did injury occur?__ DEA (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. Should WRITE PL OF (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of Injury CAUSE mation LION Natura of Injury____ 24. Was disease or injury In any way related to occupation of deceased? 19. UNDERTAKER If so, specify (Signed) Registrar. (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

BINDING

FOR

V. S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 4. 5.	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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BINDING

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July 5,1927	Peritonitis	3 days ago	
May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year	
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:	

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH 1000 OF plnods Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth?_____yrs.____mos. Length of residence in city or town where death occurred statement RECORD. (a) Residence: No. Ward If nonresident give city or town and State (Usual place of abode) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 21. DATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (wate the word) or anus (Month) (Day) (Yeer) BINDING 5a. If married, widowed, or divorced HUSBAND of 22. I HEREBY CERTIFY, That I attended deceased from (or) WIFE of 10 183-8 6. DATE OF BIRTH (month, day, end year) certificate 7. AGE Yeers Months If LESS than to heve occurred on the dete steted above, et o. B. FOR Deys 1 day,hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or min. Date of onset 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.____ CUPATION RESERVED pluods may back 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc...... 10. Date deceased last worked at 11. Total time (years) spent in this this occupation (month and occupation ... nstructions 12. BIRTHPLACE (city or town) MARGIN (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town plain (State or country) Whet test confirmed diagnosis? ... carefully ----- Was there an autopsy?_____ MOTHER 15. MAIDEN NAME important 23. If death was due to external ceuses (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?______ Date of injury______ 19-DEATH 16. BIRTHPLACE (city or town) (State er country) Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. plnods OF 18. BURIAL WRITE Manner of injury CAUSE Nature of Injury LION 24. Was diseese or injury in any wey releted to occupation of deceased? 19. UNDERTAKER (Address) If so, specify Registrar. (Address)

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	Example I		Example II		
The principal cause of death and related causes. Date of onset of importance were as follows:			The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	MAR 2 1932	1915	Attack of epilepsy	1 week ago	
Chronic interstitial neph	ritis	1921	Run over by street ear	1 week ago	
Cerebral hemorrhage	FURSAU V.S.	July 5, 1927	Peritonitis	3 days ago	
	1				
Other contributory ca	uses of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	
				\$	

PLACE OF DEATH

ESERV

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MARGIN

No.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No_3/

(If death occurred in a hospital or institution, give its NAME it stead of street

MEDICAL CERTIFICATE OF DEATH and that death occurred on the date stated above, at ... The CAUSE OF DEATH * was as follows: *State the I is use Causing Death, or, in Violent Causes, state (1) Means of Injury and (2) Whether Hospitals, Institutions, Trans-In the

desting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Munager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; if nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-Physician, Compositor, Architect, Foreman, first line will be sufficient, e. g., Farmer or Planter, or At Home, and children, not gainfully em-For many occupations a single word or term on For persons who have no occupation Stationary firemon, etc. But in many Locomotive engineer,

tired 6. yrs). For persons who have no occupation whatever, write None.

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis", Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

accident; Revolver wound of head-homicide; Poisoned by approved by (clanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, atie), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E:haustion," "Heart failure," "Ilaemorrhage," stated unless important. Example: Measles (disease American Medical Association.) carbolic acid-probably suicide. The nature of the injury Examples: Aecidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases can be ascertained as the eause. "Uraemia," "Weakness," etc., when a dcfinite disease "Inanition, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) Whooping use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Recommendations on statement of cause of death (secondary or intercurrent) affection need not be perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condiinterstitial nephritis, resulting from childbirth or miscarriage as " "Marasmus, " "Old Age, " "Shock," cough; Committee on Chronic etc. valvular heart Nomenclature The Always qualify all etc.), "Dropsy, eontributory Measles , disease;

If this pertificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is -permanently filed.

STATE OF MARYLAND-CERTIFICATE OF DEATH OCCUPA 1. PLACE OF DEATH plnods Registration Dist. N Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS Length of residence in city or town where death How long in U.S. if of totalign birth? statement 2. FULL NAME RECORD. (a) Residence: No. If nonresident give city or town and State (Usual place of abode) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 4. COLOR OR MAR 5. SINGLE, MARRIED, WIDOWED 21. DATE OF DEATH (Month) (Day) f parried, widowed, or divorced HUSBAND of BINDIN 22. HEREBY CERTIFY. That I attended deceased from (or) WIFE of : death is said 6. DATE OF BIRTH (month, day, and year). certificate 7. AGE Years Months If LESS than Days 1 day ... ____hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance ___ min. were as follows 8. Trade, profession, or particular NO kind of work done, as SPINNER MARGIN RESERVED of SAWYER, BOOKKEEPER, etc., OCCUPAT hack Industry or business in which may work was done, as SILK MILL SAW MILL, BANK, etc ... 10. Date deceased last worked at 11. Total time (years) spent in this this occupation (month and year) ... occupation instructions Dther Contributory 12. BIRTHPLACE (city or town (State or country FATHER See 14. BIRTUPLACE (city or tow What test confirmed diagnosis? carefully ... Was there an autopsy?.. HER important. . If death was due to external causes (VIOLENCE) fill in also the following: MOT Accident, suicide, or homicide?____ (State or country Where did injury occur?. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. plnoy 17. INFORMAN (Address) 18. BURIAL, CREMATION Manner of injur mation TION Nature of injury 19. UNDERTAKER (Address) If so, specify (Signed) 20. FILED. 5 Registrar. (Address). If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

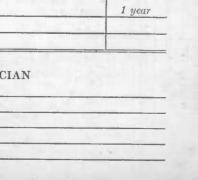
In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish earefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanie," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arterioselerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.S.			
Other contributory causes of importance:		Other contributory eauses of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER	STATEMENTS	BY	PHYSICIAN
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PHYSICIANS should state Exact statement of OCCUPA-N. B.-WRITE LAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING See instructions on back of certificate. mation should be carefully supplied. TION is very important.

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 11989
1. PLACE OF DEATH	(93-C)
County Washington	Registration Dist. No. 30.5
Village or City Boars Coo	No. St., Ward
Length of residence In city or town where death occurred	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2 1 100	Palar & Canada
2. FULL NAME farbara ///	Mater / John
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH
Terrale Coludo Single	Telegy / S , 193 V (Year)
5e. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
Cot 24-1849	
6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Oays If LESS than	to have occurred on the date stated ebove, atm.
8 2 1 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of Importance
8 Trade profession or particular	were es follows:
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.	Chrane myocardetes. 340.
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month end	14 14 14 14 14 14 14 14 14 14 14 14 14 1
SAW MILL, BANK, etc	(Found dead in lead
this occupation (month end spant in this year)	
-u D 1	Other Contributory Causes of importence:
12. BIRTHPLACE (city or town) (State or country)	
E	Nome of a systim
14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Oate of Injury, 19
State or country)	Where did Injury occur?
17. INFORMANT Earl Glenn	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Patricolomo Ma-	
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Doubloro Oate february, 19.32	Neture of Injury
19. UNDERTAKER Duch & Soy	24. Was disease or injury in any way related to occupation of deceased? Pu
(Address) Boong bino md.	If so, specify
20. FILED 7 20 17, 1932 (le Iliano) Bask	(Signed) M. D.
Registrar.	(Address) Chaustern Mi

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example II	
The principal cause of death and related causes of importance were as follows: Arterioselerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
KUREAU V.S.			
Other contributory causes of importance:	F-1-1	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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V. S. No. 1 20

6.1990

	STATE OF	MARYLAND-	CERTIFICATE OF DEATH		
1. PLACE OF			100		
County W 9	shington		Registration Rist. No. 3		
Village or City	Williamsp	ort	No. Companier St. Ward		
		(1)	death occurred in a hospital or vistitution, give its NAME instead of street and number)		
			ds. How long In U.S. if of foreign birth?yrsmosds.		
2. FULL NAME	E Sarah Rei	becca Brown -Gr	een		
(a) Residence:	No. Williams	port Md	St., Ward. If nonresident give city or town and State		
PERSONAL	AND STATISTIC	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX 4	-	S. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH		
female	negro	OR DIVORCED (write the word)	Feb. 13 - 1932 .193		
5a. If married, widowed, HUSBAND of	or divorced		(Month) (Day) (Yeer)		
(or) WIFE of	Lee Greet	a	22. I HEREBY CERTIFY That I attended deceased from		
		7 20 2000	fun 15 1932, to Feb 13 1932		
6. DATE OF BIRTH (mor	nth, day, end year) Months	Jan. 10.1889 Days If LESS than	Viast sew h. on alive on Pela 1.3 , 1932; death is said		
43	1	1 day, hrs.	to have occurred on the date stated above, at 10 A - m. The PRINCIPAL CAUSE OF DEATH and related causes of importance		
O Tondo profession		or min.	were as follows: Date of onset		
8. Trede, profession, or particular kind of work done, as SPINNER, Housework SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased lest worked et this occupation (month and 1930)			Los Soth Cugs?		
9. Industry or business in which thome			thong bank the state of the sta		
SAW MILL, E	BANK, etc		Dweation; not given.		
- I wood parts	on (month and 1900	11. Total time (years) spent in this life			
year)		occupation	Other Contributory Causes of importance:		
12. BIRTHPLACE (city or (State or country)	town)	Land	Caught cold.		
			U		
	vid Brown				
14. BIRTHPLACE (cit	ty or town) Virgin	9	Name of operation		
	Celia Gri		What test confirmed diagnosis? Was there en eutopsy? M.Q.		
E	N. (Proline	23. If death was due to external causes (VIOLENCE) filf in also the following: Accident, suiside, or homicide?		
O 16. BIRTHPLACE (cit			Where did injury occur?		
17. INFORMANT NO	lan brown Williamspor	ct Md	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.		
18. BURIAL, CREMATION			Manner of Injury		
		Date Feb. 16 , 19.32	Nature of injury		
10 HADSOTANS A1	bert Leaf		24. Was disease or injury in any way related to occupation of deceased?		
19. UNDERTAKER(Address)/	Williamspo	ort Md	If so, specify		

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

(Signed)

(Address) __

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail mcrchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II		
The principal cause of importance were as	f death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis ·	- constraints	1915	Attack of epilepsy	1 week ago	
Chronic interstitial neph		1921	Run over by street car	1 week ago	
Cerebral hemorrhage	LREC	July 5,1927	Peritonitis	3 days ago	
	NA-1) 1	113			
Other contributory ca	uses of importance:	15	Other contributory causes of importance:		
Gallstones	BUNDAN	May 1,1923	Gastroenteritis	1 year	
	land of a land				

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	LN
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N. B.—Every Item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly-classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate. INT RECORD WITH UNFADING INK--THIS IS A PERMA

MARGIN RESERVED FOR BINDING

V. S. No. 1

1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	61991
PLACE OF DEATH	STATE OF MARYLAND
County Mashington	(1) CERTIFICATE OF DEATH
WITHIN CONFORATE LIMITO OF	Registration Dist. No. 302
Village or City Hagerustowns. 29	Mard) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, Lingle WIDOWEST OR DIVERCED (Write the word)	16 DATE OF DEATH /
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
ately 7 . 1931	192 . to f & \(\(\) . \(\)
(Month) (Day) (Year)	that I last saw h & l'alive on & . 2 0 , 1923 2
7 AGE If LESS than	and that death occurred on the date stated above, at
1// l dayhrs.	The CAUSE OF DEATH * was as follows:
yrs. mos. 7 ds. or min.?	
8 OCCUPATION (a) Trade, profession or particular kind of work	Proucho Pueva on 1 - Acrte
(b) General nature of industry	Jeeu 11 dly
business, or establishment in which employed or (employer)	(Duration) yrs. mos. ds.
9 BIRTHPLACE	Contributory / (eds/es).
(State or country) Happy My	Buration) Vs. mos. 5 ds.
10 NAME OF	(Signed) De Cedum (Deni M. D.
FATHER) Julian prove	1 1 193 (Address) 129 W/ (male 76)
U 11 BIRTHPLACE OF FATHER	
(State or country) 12 MAIDEN NAME 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER WISS Brucord	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country)	At place of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
Maria Isano	Former or usual residence
(Address) Hagenestum Md	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 1/23
15 Filed 2-22- 1923 2 Chast Bowers	20 UN DERTAKER
Registrar If more branks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.
Et Mivio Minima and Modern, auditor of the Mistian	

(Approved by U. S. Census and American Public Health Association.)

cupation is very important, so that the relative healthwhater with the persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housenwid, etc. If the occupation has been changed worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know Civil engineer, Stationary froman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, c. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocwhatever, write Nonc. busine..., that fact may be indicated thus; Farmer (reor given up on account of the DISLASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken work, definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the (a) Foreman, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a etc., or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day (b) Automobile factory. The material (a) the kind of work and also (b) the (3) Grocery;

Statement of Cause of Death—Name, first, the Disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

causing death), 29 ds.; Branchopneumonia (secondary), stated unless important. Example: Measles (disease Chronic interstitial nephritis, use of "l'umor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid accident; Revolver wound of head-homicide; Paisoned by and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uruemia," "Weakness," etc., when a definite disease "E:haustion," "Debility" tions, such as "Asthenia," "Anaemia" (merely symptomunqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on tilanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, curbolic acid - probably suicide. The n ture of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely taken. For violent deaths state means of injury "PUERPERAL septicuemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock, (secondar; or intercurrent) affection need Whooping American Medical Association.) Recommendations on statement of cause of "Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi cough; ("Congenital," "Senile," etc.), "Dropsy, on," "Heart failure," "Haemorrhage," Chronic valvular heart disease; etc. The contributory Nomenclature

It this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the date is essential and must be obtained before the certificate is permaneutly filed

1932

1	STATE OF MARYLAND—	CERTIFICATE OF DEATH
infor- state UPA-	1. PLACE OF DEATH	3 193 2
	county Washington	Registration Dist. No.
should of	STAIN CORPORATE THE TS OF	No. 597 N. Prospect St. 5 Ward
item sho	Village or City Va a e Y S Town	death occurred in a hospital or institution, give its NAME instead of street and number)
nt NS	Length of residence in city or town where death occurredyrs,Pmos	ds. How long In U.S. if of foreign birth?mos ds.
CORD. Every PHYSICIANS ict statement	2. FULL NAME SX: 11 Born Child	1 Robth Guessford.
	(a) Residence: No. 597 M. Prospect	Kt., S Ward.
	(Usual place of abode)	If nonresident give city or town and State
RECO PH Exact	PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE. MARRIED. WIDOWED.	21. DATE OF DEATH
N N M	OR DIVORCED (write the word)	ZI. DATE OF DEATH February 1932
T L ed.	hemale While Single	(Month) (Oay) (Year)
BINDING PERMANE EXACT Iy classified	5a. If married, widowed, or divorced HUSBANO of	22 HEREBY CERTIFY at I attended deceased from
BINDIN PERMAN EXAC y classific	(or) WIFE of	Feb 17, 193210 Feb 17, 1932
SIN ER c cl	6. DATE OF BIRTH (month, dey, and year) Teles 17-1937	I last saw here alive on 2-17,, 1972; death Is said
PP PI arly cate	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
FOR B] IS A PE stated E properly certificate	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
	9 Trade profession or particular	Were as lonows: Of of I
VED THIS Id be try be ck of	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	1.11 mu -
K-T) nould may	. Industry or business in which work was done, as SILK MILL,	8/200 1.000
RESERVED INK—THIS GE Should be that it may be one so back of	SAW MILL, BANK, etc.	-
ESE INK E sh at it	11. Total time (years) this occupation (month and year) year)	
	Hooosk	Other Contributory Causes of importance:
IN DIT	12. BIRTHPLACE (city or town) 1 1 w 4 4 2 10 ws	Cuma para - 1 UV. Vary
MARGIN UNFADI supplied. n terms, so		Lace Web wont of deleran
	E	and account account
	14. BIRTHPLACE (city or town) V Q Q Q V S 10 W M	Name of operation
		What test confirmed diagnosis?
a ii e	E	23. If death was due to external causes (VIOLENCE) fill In also the following:
AINLY, d be cal DEATH	O 16. BIRTHPLACE (city or town)	Accident, sulcide, or homicide?
INLY be ca EATH	01416	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Taga h	17, INFORMANT COUSS FOR A	Specify whether injury occurred in ENDOSTRI, in HOME, of INFODERC PLACE.
	18. BURIAL, GREMATION, OR REMOVAL	Manner of injury
SE	Place Hagers Youn MadDate Feloy 18, 1932	Nature of injury
WRITE mation s CAUSE TION is	TKOWN	24. Was disease er injury in any way related to perspation of decreased?
TC B C	19. UNOERTAKER 1 - 1 A CA CA Sol Ou no Tital	If so, specify
B. — B. — C. III	2-18-32 Jakes HX	(Signed) TEOMON (LIES) [] M. D.
> z	20. FILEO 19 Registrar.	(Address) LI-W Works Haguralu
D. 1 0 +2	70 11 1 11 0 0	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.
Drkrits	• • • • • • • • • • • • • • • • • • • •	7000

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal eause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory eauses of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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Chronic interstitial in	ephritis []	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	MAR 7 1982	July 5,1927	Peritonitis	3 days ago	
	BUREAU V. S.				
Other contributory	causes of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	
				•	

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MAR 7 1932			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND-	CERTIFICATE	OF DEATH
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1	. PLACE O	F DEATH					
County Washington					Registration Dist. No. 303		
	Village or C	ity Nr. Willi	amsport	MA	No. St	Ward	
				(1	f death occurred in a hospital or institution, give its NAME instead of street and	number)	
				yrsmo	sds. How long In U.S. if of foreign birth?yrsm	10sds.	
		ME Mildr					
	(a) Residen	ice: No	(Lleveln	lace of abode)	St., Ward.	10	
C+	PERSON	IAL AND STATIS			If sonresident give city or tows and	1 State	
3.	SEX	4. COLOR OR RACE	5. SINGLE, 1	WARRIED, WIDOWED,	21. DATE OF DEATH		
	Female	White	OR DIVO	RCED (write the word)	Feb. 28,	. 193 2	
5a.	If merried, widow	ved, or divorced	•		- (Month) (Day)	(Year)	
	HUSBANO of (or) WIFE of				22. I HEREBY CERTIFY, Thet I attended		
		Tr.	a have any	99 1079	, 19, to		
	AGE Yea	(month, day, end year) F	Devs	28, 1932.	I lest saw h. Sec. alive em. , 19	_; death is seid	
	S	1000		1 day,hrs.	to have occurred on the date steted above, at 11:30P m. The PRINCIPAL CAUSE OF DEATH and related causes of importance		
	8 Trada profes	ssion, or perticular		ormin.	were as follows:	Oate of onset	
NO	kind of v	work done, es SPINNER, BOOKKEEPER, etc	and the second of the least of		STILLBORN		
OCCUPATION	9. Industry or	business in which					
CUF	SAW MIL	s done, as SILK MILL, .L, BANK, etc					
8	10. Oate deceased last worked et this occupetion (month end yeer)						
12.	BIRTHPLACE (cit (Stete or cour	ty or town) Nr. Wi	lliamspo	rt, Md.	Other Coatributory Causes of Importance:	-	
2	13. NAME	Walter Dav	id Hose				
FATHER		(city or town) Md.					
F	(State or				Name of operation Date of		
25	15. MAIOEN NA	ME Mary Miner	va Mills	1	What test confirmed diegnosis? Was there en a		
MOTHER	No. of the last of	(city or town) Pa.			28. If deeth was due to external ceuses (VIOLENCE) fill in elso the following: Accident, suicide, or homicide?		
X		country)					
17	INFORMANT				(Specify city or town, county and Stat Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PL	ie)	
1/.	(Address)						
18.	BURIAL, GREMAT	ION, OR REMOVAL		2/20 2	Manner of injury		
	Place	1 lecula	Oate	193 2	Neture of Injury		
19.	UNOERTAKER (Address)	non	e h	recete.	24. Was diseese or injury in any wey releted to occupetion of deceesed?	2-2-0	
20.	FILED CALL	10.193	(.w.)	Mullicry Registrar	(Signed) CCa Ofacing M.	M. D.	
	V	TK mgr	blanks are neede	d, addres State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	1.10	

Dr. Rich

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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RESERVED

STATE OF MARYLAND—CERTIFICATE OF DEATH

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
DTTDATT R	:		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

of OCCUPA-

STATE OF MARYLAND-CERTIFICATE OF DEATH

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11	1	13	31	6
U	A	V.	44	

1. PLACE OF DEA	TH			Registration Dist. No. 30 2		
- 17 PM	shingto	IMITS OF				
Village or City Ha	gerstow	n	Washi	ingroon County Hospital St., 3 War death occurred in a hospital or institution, give its NAME instead of street and number)		
Length of residence in c	ity or town where d	eath occurred		ds. How long in U.S. if of foreign birth?yrsmosd		
2. FULL NAME	Banjam	in Fran	klin Hov	is		
(a) Residence: No.				St., S Ward. If nonresident give city or town and State		
PERSONAL AN	ID STATISTI			MEDICAL CERTIFICATE OF DEATH		
	or or RACE		RIED, WIDOWED, O (write the word) ied	21. DATE OF DEATH February 10, (Day) (Year)		
5a. If married, widowed, or div HUSBAND of (or) WIFE of	Druscil	la Hovi	S	22. I HEREBY CERTIFY, That I attended deceased from		
6. DATE OF BIRTH (month, da	w and veary Jul	y 4, 18	61	I last saw h alive on, death is sa		
7. AGE Years 70	Months 7	Days 6	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at 3:00P m. The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows:		
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BODKKEEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month end year) 12. BIRTHPLACE (city or town) Leitersburg (State or country) Md. 13. NAME Jacob Hovis 14. BIRTHPLACE (city or town) Leitersburg, (State or country) Md. 15. MAIDEN NAME Henrietta 16. BIRTHPLACE (city or town) Leitersburg, (State or country) Md.				Date of one Name of operation		
17. INFORMANT Mrs. (Address) Ha. (Address) Ha. (Address) Ha. (Address) Ha. (Address) Place Smoket.	removal	, Md.		Manner of injury		
19. UNDERTAKER F. (Address) 20. FILED Z - Z -	Hagersto		gevert	24. Was disease or Injury in any way related to occupation of deceased? If so, specify (Signed) Fully I Walk (Address) May was maken the second of the se		

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	



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BINDIN

FOR

RESERVED

MARGIN

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

see Lov form # 2 under Ilnyre for authorgation & Chang og

Requesting V. S.

18

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesad litional line is provided for the latter statement; it nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Furmer or Planter, cupation is very important, so that the relative healthbusiness, that fact may be indicated thus: Farmer (restate occupation at beginning of iliness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occ. pations of persons ployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite saiary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Wom er," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Deaiworked on may form part of the second statement (a) Foreman, (b) Automobile factory. The material Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Owil engineer, Stationary fremen, etc. But in many tion applies to each and every person, irrespective of whatever, write None. ti ed 6 yrs.). For persons who have no occupation Statement of Occupation-Precise statement of oc-For many occupations a single word or term on

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Gerobrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fover (never report "Typhoid pneumonia"):

discases resuiting from childbirth or miscarriage as rhage," "Inanition." "Marasmus," "Oid Age," "Shock," symptomatic), "Atrophy," "Collapse," conditions, such as "Asthenia." "Anaemia" (merety ary), 10 ds. Never report mere symptoms or terminal causing death), 29 de.; Bronchopneumonia stated unless important. Chronic interstitial nephritis, etc. use of "Tumor" for malignant neoplasms); inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men head of "contributory." (Recommendations on statequences (e. g., sepsis, tetanus) may be stated under the and qualify as accidental, suicidal, or Homicidal, or State cause for which surgical operation was under can be ascertained as the cause. "Dropsy," "Exhaustion," "Heart failure," "Haemorvulsions." (secondary or intercurrent) affection need not be Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on truin-acoident; Revolver wound of head-homicide; Examples: Accidental decouning; Struck by railway as probably such, if impossible to determine definitely taken. For VIOLENT DEATHS State MEANS OF INJURI "Puerperal septicaemia," "Puerperal peritonitis," etc. "Uraemia," "Weakness." etc., when a definite disease Whooping cough; Chronic valvular heart disease; ture of the injury, as fracture of skuil, and conse Poisoned by curbolic acid-probably suicide. The na-..... (nume origin; "Cancer" is less definite; avoid "Debility" ("Congenital," "Senile," etc.), Example: Meastes Always qualify air The contributory "Coma," "Con-(disease Measles; (second-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

2

4 2 4	STATE OF MARYLAND—	CERTIFICATE OF DEATH (1999)
Stat UPA	1. PLACE OF DEATH	
item of intersity should state of OCCUPA	Village or City Kagexskown	No. 2445. Hubery y st, 3 Ward death occurred in a hospital or institution, give its NAME instead of street and number)
• • • •	Length of residence in city or town whera death occurredyrs,mos	7
Every CIANS ement	2. FULL NAME Gebecca Kaulyn	a n
RECORD. Every PHYSICIANS Sxact statement	(a) Residence: No. 2 44 S. TTul barry (Usual place of abode)	St., 3 Ward. If nonresident give city or town and State
RECO PH Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
RE Ex.	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Pay) (Year)
NEN CTI iffed.		
NDING RMANEX X A C T I	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of VV 1/180 m H	22. HEREBY CERTIFY That I attanded doceased from
	6. DATE OF BIRTH (month, day, and year)	last saw half alive on old for all death is said
P. P. d. J.	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 1
FOR B. IS A PE stated E properly certificate	0 1 2 4 1 day,hrs. ormin.	The PHINCIPAN CAUSE OF DEATH and related causes of importance were a follows:
- 70	8. Trada, profession, or particular kind of work done, as SPINNER, House wix	Chote My Wa all fall 4
TEJ d p d p k o	kind of work done, as SPINNER, House wilk as	
KK_T should it may n back	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	YY
INI INI S sh t it	10. Date deceased last worked et this occupation (month and 931 spant in this year) 147 1931 occupation 30 4 KS	
Z	12. BIRTHPLACE (city or town) ITTIII Stone PT.	Other Contributory Causes of importance:
MARGIN UNFADI supplied. n terms, so	(State ar country) TTaxyland	
MARG] UNFA supplied n terms, ee instri	13. NAME Dangel Shoves.	
MAH U sull vin to See	13. NAME Dangel Shows Veg. 14. BIRTHPLACE (city or town) III 11 Stone Pt.	Name of operation Date of
A E E E	(State of country)	What test confirmed diagnosis? Was there an autopsy?
Y, WITH carefully TH in pla ortant.	15. MAIDEN NAME - 13 abeth Weaver	23. If death was due to external causes (VIOLENCE) fill in also the following:
fally, Willer Careful EATH in pimportant.	15. MAIDEN NAME Flisabeth Weaver 16. BIRTHPLACE (city or town) Oreen Spring Furnee (State or country)	Accident, sulcide, or homicide? Date of injury, 19 Where did injury occur?
in p	" U1101/00 H H N	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
should OF DE	(Address) A an exstourn Mil.	- Opening whomas major, excelled in the country in money, or in the country in
SHO SY	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
ITE on S SE SE V is	Place Clearspring Date 1-434 14, 1932	Nature of Injury
-WRITE PERTILY, mation should be car CAUSE OF DEATH TION is very import	19. UNDERTAKER ALLONY WAS	24. Was disease or Injury in any way related to occupation of deceased?
0	(Addrass) Hage & Stown mo	If so, specify A A A A A A A A A A A A A A A A A A A
N N N N N N N N N N N N N N N N N N N	20. FILED Z-14-, 193 2 Blosf Bowers Registrar.	(Signed) M. D. (Address) M. D. (Address) M. D.
7	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.
r Drow	n	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

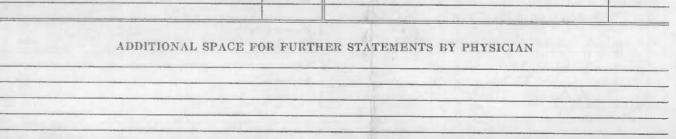
In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	4	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis NAR 7 1932	1921	Run over by street ear	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones M.		Gastroenteritis	1 year	
			I	



te te	STATE OF MARYLAND—	CERTIFICATE OF DEATH
infor- state UPA-	1. PLACE OF DEATH	02000
	county Washington	Registration Dist. No. 302
item of should of OCC	Village or City Lagers Lown	No. 747 byuce St, Ward death occurred in a hospital or justifution, give its NAME instead of street and number)
NS is	Length of cesidence in city or town where death occurredyrs,mos	
CORD. Every PHYSICIANS oct statement	2. FULL NAME Danid Lee 18.	ee.xauver
ECORD. 1 PHYSIC	(a) Residence: No. 7 47 Spruce	St., 2 Ward.
HY	(Usual place of abode)	If nonresident give city or town and State
×	DERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH
classified. E	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5a. If merried, widowed, or divorced	(Month) (Day) , 193 (Year)
SIIIG	HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from
		Tel. 2, 1932, 10 ret, 7, 1932
	6. DATE OF BIRTH (month, day, and year) \\\(\(\lambda \) \(\lambda \) \(\lambda \)	I last saw harm alive on Tel. 6, 1932; death is said
properly certificate.	7. AGE Years Months Days tf LESS than t day,hrs.	to heve occurred on the date stated above, at
proper! ertifica	ormin.	were es follows: Date of onset
of c	8. Trade, profossion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Broncho-Juleunoma 2-432
	a lindustry or business in which	measles 2-2-32
	work was done, as SILK MILL, SAW MILL, BANK, etc	
on	0. Date deceased last worked at this occupation (month and year)	
	year) occupation	Other Contributory Causes of importance:
instructions	12. BIRTHPLACE (city or town) (State or country)	
2		
e ir	13. NAME WE DUY See Laurey 14. BIRTHPLACE (city or town) Hagey Stown	Name of operation Rome Date of
See	(State or country)	What test confirmed diagnosis Pork & lung purel Westhere an autopsy? 200
nt.	E 15. MAIDEN NAME 1000 1 Days	23. If death was due to external causes (VIQL ENCE), fill in also the following:
very important.	15. MAIDEN NAME DOS A Dans's 16. BIRTHPLACE (city or town) Tagers Your	Accident, sulcide, or homicide?
od u	State or country)	Where did Injury occur? (Specify city or town, county and State)
y ir	17. INFORMANT ING I but Deal aurer	Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE,
ver	(Address) A QQC SYDUM W. C.	
02	Place tray restood, La Date 2-9-1932	Manner of injury
LION	TICONI	Nature of injury
II	19. UNDERTAKER TO SEE AND SECULAR MAN	If so, specify
	7-8- 32-16- HBanes	(Signed) W. Lorus offloger, M.D.
	20. FILED Registrar.	(Address) I to gettom, hid.
196	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.
-ad		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

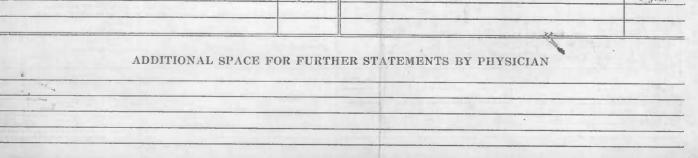
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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BURRAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
		2.5		



STATE OF MARYLAND—CERTIFICATE OF DEATH

62001

County Washingto	n		Registration Dist. No. 3	22_
Village or City Hegarita	e death occurred	yrs,mos	Di No.] Gealh occurred in a hospital or institution, give its NAME instead of street and ds. How long in U.S. if of foreign birth?	
2. FULL NAME	c. Keri	13		
(a) Residence: No. Will:	oms ort	of abode)	St., Ward. If nonresident give city or town and	State
PERSONAL AND STATIS	TICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX Mele 4. COLOR OR RACE OR DIVORCED (write the word) Wild OWed		21. DATE OF DEATH Feb. 9,1932 (Month) (Day)	, 193	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	not Know	vn	22. A I HEREBY CERTIFY, That Lattended	
C PATE OF PIPTU (See by Asset)	April, 5	1864	1 last saw h w alive on 1 1 5 2, to Cut \$70.	death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months 1	Days	If LESS than 1 day, hrs.	to have occurred on the date stated above, at 6 · 3 · 2 · 1. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
12. DIRITELACE (CITY OF LOWIT)	11. Total ti	ime (years) nt in this upation	Other Coutributory Causes of Importance:	
(State or country) State or country) State or country)	vn .			
14. BIRTHPLACE (city or town) (State or country)			Name of operation Dete of What test confirmed diagnosis? A fund fund was there and	
15. MAIDEN NAME 16. BIRTHPLACE (city er town) (State or country)			23. If death wes due to external causes (VIOL ENCE) fill in also the following Accident, suicide, or homicide? Date of injury Where did Injury occur?	3:
17. INFORMANT Richard Houpt (Address) Williamsport Wd			(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL Nd Date Feb, 11-1932			Manner of injury	
19. UNDERTAKER Albert Les (Address) Williams		Md ,	24. Was disease er injury in any way related to occupation of deceased?	no
20. FILED 270- 193 2-10	OKONTR	Registrar.	(Signed) If Classification (Address) And 10-32	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II		
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Chronic interstitial nephritis MAD 7 102)	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

PLACE OF DEATH	02004
Olas V. T	STATE OF MARYLAND
County Maring sory	CERTIFICATE OF DEATH
WITHIN GORPORATE LIMITS OF	Registration Dist. No. 302
Village or City Hagerson (No. 180) 2FULL NAME Enwert 7. 10	fuel ws St.: 5 Ward) (If death occurred in a hospital or institution, give its NAME instead of number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH 20
male White WIDOWED, OR DIVORCED (Write the word)	Ol6, 2 , 199 (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attemded the deceased from
(Month) (Day) (Year)	196.19 190. to 0106.21 , 190 , 192 ,
7 AGE If LESS than	and that death occurred on the date stated above, at 1200 m.
2 l dayhrs.	The CAUSE OF DEATH * was as follows:
yrs. mos. ds. or min.	C A Carot
(a) Trade, profession or	Congenior During
particular kind of work	
business, or establishment in which employed or (employer)	(Duration) yra. mga yyda.
9 BIRTHPLACE (State or country) Washington Go Chick	Contributory Secondary Opposition Deviation Devia
10 NAME OF E WILLET F Skrept Or	(Sirved) M. D.
OF FATHER (State or country) Translating Country	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
of MOTHER MISS Clair Erndle	Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents)
OF MOTHER (State or Country) Hagers Court And	At place In the of death yrsmos, ds. State yrstuesds.
14 THE ABOVE IS TRUE TO THE SEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Mr Emmert Strepper	Former or usual residence
(Address) 244 Prospect on Hagerston	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed 2-22-19232 Chast Bowers	20 UNDERTAKER ADDRESS ADDRESS TO THE PROPERTY OF THE PROPERTY
	. 16 W. Saratova St., Balto,, Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwork, Spinner, (b) Colton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; i sary to know cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, tion applies to cach and every person, irrespective of Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Cure should be taken definite salary), may be entered as Housewife, House en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an whatever, write None. business, that fact may be indicated thus; Farmer (xe household only (not paid Housekeepers who receive a etc., report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on or At Home, and children, not gainfully em-Form laborer, without more precise specification as Day (a) the kind of work and also (b) the Loborer--Coal mine, etc. Wom-Locomolive engineer (b) Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted to in for the same disease. Examples: Cerebrospinal fever (tle only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,")

Examples: Accidental drowning; Struck by railway traincarbolic acid-probably suicide. Then ture of the injury as fracture of skull, and consequences (e.g., sepsis, relatives) may be stated under the head of "contributory." approved by Committee on Nomenclature American Medical Association.) Recommendations on statement of cause of accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," atic), "Atrophy." "Collapse." "Coma," "Convulsions, causing death), 29 ds.; Bronehopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcomo, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"PUERPERAL septicucmia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock, tions, such as "Asthenia," "Anaemia" (merely symptom-(secondar, Chronic interstitial nephritis, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-Whooping Never report mere symptoms or terminal condicough; or intercurrent) affection need Chronic valvular etc. The contributory Always qualify all heart disease; not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in hespital or institucertificate tion, give its NAME instend of number.) proper MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 4 COLOR OR RACE | 5 SINGLE, 3 SEX eq MARRIED. back WIDOWED (Month) (Day) OR MIXORAGE it may I HEREBY CERTIFY, That I attended the deceased from that instruction (Day) (Month) and that death occurred on the dete stated above, at & 80 7 AGE If LESS than I day hrs.yrs......mos...k.....ds..or.....min.? 8 OCCUPATION (a) Trade, profession or piain particular kind of work (b) General nature of industry (Duration)yrs......mos..... business, or establishment in = which employed or (employer)..... Contributory 9 BIRTHPLACE Secondary (State or country) 0 10 NAME OF FATHER ... 193. 2- (Address) .. 1.2.4. RENTS 11 BIRTHPLACE *State the Disease Causing Death, or, in deaths from te CAUS OF FATHER Violent Causes, state (1) Means of Injury; and (2) whether (State or country Accidental, Suicidal or Homicidal. 12 MAIDEN NAMI OF MOTHER 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transstate ients, or Recent Residents) 13 BIRTHPLACE At place of death OF MOTHER yrs. . . mos. da. State, yrs. mos. de should sent of O (State or country) Where was disease contracted, if not at place of death?..... THE BEST OF MY KNOWLEDGE Every Item CIANS shot Former or usual residence... DATE OF BURIAL OF BURIAL OR REMOVAL ADDRESS If more blanks are needed, address State Registrar. 16 W. Saratoga St., Ralto., Requesting V. S. Ko. 1.



REVISED UNITED STATES ERTIFICATE OF DEATH STANDARD

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Scrvant, Cook, ployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., without more precise specification as Day Never return "Laborcr," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salcsman, (b) Grocery; whatever, write None. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enlaborer, Farm laborer, Laborer-Coal mine, etc. Womworked on may form part of the second statement. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it (a) Foreman, (b) Automobile factory. nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, Civil engineer, Stationary firemen, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on The material

spinal meningitis"); Diphtheria (avoid use of "Croup" ed term for the same disease. Examples: Cercbrospinal EASE CAUSING DEATH (the primary affection with respect Typhoid fever (never report "Typhoid pneumonia") fever (the only definite synonym is "Epidemic cerebroto time and causation), using always the same accept-Lobar Statement of Cause of Death-Name, first, the Dispncumonia, Bronchopncumonia ("Pneumonia

> ment of cause of death approved by head of "contributory." quences (e. g., sepsis, totanus) may be stated under the Nomenclature of the American Medical Association.) ture of the injury, as fracture of skull, and conse Poisoned by carbolic acid-probably suicide. The natrain-accident; Revolver wound of head-homicide; Examples: as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF taken. For violent deaths state means of injury State cause for which surgical operation was under-"Puerperal septicaemia," "Puerperal peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. rhage," "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart vulsions," symptomatic), "Atrophy," "Collapse," "Coma," conditions, such as "Asthenia," "Anaemia" ary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronchopncumonia stated unless important. (secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. use of "Tumor" for malignant neoplasms); Mcasles; inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men "Uraemia," "Weakness." etc., when a definite disease Whooping cough; Chronic valvular heart disease; (name origin; "Cancer" is less definite; avoid "Debllity" Accidental drowning; Struck by railway ("Congenital," "Senile," etc.), (Recommendations on state-Example: Mcasics failure." "Haemor-Always qualify all The contributory Committee (second-(discase (mercly "Con-

tions answered in detail, it will prevent further correspondthe certificate is permanently filed. If this certificate is looked over thoroughly and all ques-All the data is essential and must be obtained before

STATE OF MARYLAND IFICATE OF DEATH Registration Dist. No. ... Ward) (If death occurred in hospital or institution, give its NAME instead of street and sumber.) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 4 COLOR OR RACE | 5 SINGLE, 3 SEX MARRIED. WIDOWED (Month) OR DIVORCED (Write the word) HEREBY CERTIFY. That I attended the deceased from 6 DATE OF BIRTH that I last saw hear, alive on (Month) (Day) (Year) and that death occurred on the date stated above, at Jan. 7 AGE If LESS than The CAUSE OF DEATH & was as follows: I day hrs.ds.lor.....mos.....ds.lor.....min. ? OCCUPATION (a) Trade, profession or particular kind of work J'armel (b) General nature of industry business, or establishment in (Duration) which employed or (employer)..... Contributory BIRTHPLACE Secondary (State or compt.) (Duration) 10 NAME OF 11 BIRTHPLACE State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury: and (2) whether OF FATHER (State or country) Accidental, Suicidal or Homicidal, 12 MAIDEN NAME MOTHER. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans ients, or Recent Residents) At place of death OF MOTHER State.yrs.....mos. (State or country) Where was disease contracted, BEST OF MY KNOWLEDGE if not at place of death? 14 THE ABOVE IS TRUE Former of usual residence stater * more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S.

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus: Farmer state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH whatever, write None. gaged in domestic service for wages, as Screant, Cook to report specifically the occupations of persons onployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, Househonsehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Housemaid, etc. laborer, Farm laborer, Laborer-Never return "Laborer," "Foreman," "Manager." "Dealshould be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery, additional line is provided for the latter statement; it worked on may form part of the (a) Foreman, (b) Automobile factory. The material nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fremen, etc. 13nt in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various parsuits can be known. The queseupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocor At Home, For many occupations a single word or term on yrs.). without more precise specification as For persons who have no ocenpation If the occupation has been changed and children, not gainfully em--Coal mine, etc. second statement. Wom-Day

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fater (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia."):

ment Nomene head of quences ture of train-accident; Revolver wound of head-homicide; as probably such, if impossible to determine definitely Possoned by carbolic acid-probably suicide. The na Examples: and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OR takeu. For VICLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under-"Puerperal septicuemia," Puerperal peritonitis," diseases resulting from childbirth or misearriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease rhage," "Inauition." "Marasmus," "Old Age," "Shock," "Dropsy." "Exhaustion," "Heart failure." symptomatic), "Atrophy," "Collapse," conditions, such as "Astheuia," "Anaemia" ary), 10 ds. Never report mere symptoms or terminal vulsions," "Debility" causing death), 29 ds.; Bronchopneumonia stated unless important. Example: Measles Chronic intenstitial nephritis, etc. The contributory use of "Tumor" for maliguant neoplasms); (паше origin; "Cancer" is less definite; avoid mycs, peritonacum, etc., "inqualified, is indefinite); Tuberculosis of lungs, men (secondary or intercurrent) affection need not be Whooping cough; Inture of the American Medical Association.) the injury, as fracture of skull, and conse "contributory." (Recommendations on state (e. g., sepsis, tetanus) may be stated under the cause of death approved by Committee on Accidental divorning; Struck by railway Chronic valvulur hourt disease; ("Congenital," "Senile," etc.), Carcinoma, Sarcoma, etc., of "Coma," "Haemor-(disease Meastes; (merely (second-"Con-

If his certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence that the data is essential and must be obtained before the certificate is permanently filed.

No.

100

PLACE OF DEATH County to asking 100 PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED 3 SEX COLOR OR RACE (Write the word) 6 DATE OF BIRTH (Month) (Day) (Year) If LESS than 7 AGE I day hrs. mos. or min.? B OCCUPATION
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF 11 BIRTHPLACE PARENTS (State or country 12 MAIDEN NAM OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country)

STATE OF MARYLA CERTIFICATE OF DEATH

Registr	ation D	ist. No.3	01
24	Ward)	(If death a hospital	occurred in or institu-
3/	11 -		street and

COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH TOTAL
WIDOWED.	7 498 13. , 1932
(Write the word)	(Month) 13 (Day) (Year Caz
	17 I HEREBY CERTIFY, That I attended the deceased from
F/6 /3	hor. 13e 1922 210 hy. 13. , 19257
Yudi J., 1932	that I last saw her five on Tuje 31, 19292
(Month) (Day) (Year)	19
If LESS than	
I day hrs.	The CAUSE OF DEATH * was as follows:
yrsds. ormin.?	Att a bonn
ssion of	
of work	
re of industry	***************************************
blishment in	(Derrition)vrsmosds.
or (employer)	Contributory Will Clothurdron 1
(y) /1/11 , n. /	Secondary ()
"Williamport Md.	de.
7 60.	(Signed)
Jank Comes	
ountry washe Co. Md.	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
AMEA	Accidental, Suicidal or Homicidal.
arya mallatt	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
CE .	ients or Recent Residents)
Burk, Co. Wire	At place of death yrs. mos. ds. In the State yrs. mos. ds.
untry) 10004, 90 100 Jee	Where was disease contracted,
TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of des.h?
ma to make	Former or usual readence
Mrs. 6 va Malox	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
W Ola' shet and	THE AD SORIAL OR REMOVAL TO 1 2 32
) Williamsper //10,	Williamspw [110 /W. 13, 1926
2 man la to the Rickard	20 UNDERTAKER ADDRESS
13 1972 P. V. Ubichard	alla constant
	, 16 W. Saratoga St. / Salto., Requesting V. S. No. 1.
If more banks are needed, address tate Registrar	, 16 W. Daratoga St. / Salto., Kequesting v. S. No. 1.

MEDICAL CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) fulness of various pursuits can be known. The quesfired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATE. ployed, as At school, or At home. Care should be taken laborer, Farm laborer. Laborer-Coal minc, etc. Wom-en at home, who are engaged in the duties of the worked on may farm part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. additional line is provided for the latter statement; if nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Screent, Cook to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a er," etc., Foreman, (b) Automobile factory. The material to know or At Home, and children, not gainfully emespecially in industrial employments, it is neces-For many occupations a single word or term on without more precise specification as Day (a) the kind of work and also (b) the 6 Grocery,

Statement of Cause of Death—Name, first, the Dis-EASE (AUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrosymal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphlheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> Letanus) may be stated under the head of "contributory." American Medical Association.) approved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide: The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS State MEANS OF INJULY State cause for which surgical operation was under-Whooping unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic etc. The contributory valvular heart Nomenclature Measles ; disease;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

10

en.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis 7 1929	1921	Run over by street ear	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
1 37 2 7 7 7 7 8	7			
Other contributory causes of importance:		Other contributory causes of importance:	11	
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN



20. FILED.

Ward

AND HOME I ARTHOUGHARD	MEDICAL CERTIFICATE OF BEATA
S. SINGLE, MARRIED, WIDOWED, OR DIVORCED Corriging the word)	21. DATE OF DEATH 2 /2 ,193 2 (Month) (Day) (Year)
toning pays If LESS than I day, hrs. or min. ILL, II. Total time (years) spant in this	I HEREBY CERTIES, That I attended deceased from the last saw here as follows: I last saw here a follows: I last saw here as follows: Data of onset Data of onset
Cretard Cretard	Ther Coutsibutory Causes of importance: August and allegin valvement: Lisiga.
Ireland	Nama of operation Date of
Roll Bambell	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
al gal 2/13, 19.32	Mannar of injury
Luter Jours	24. Was disease or injury In any way related to occupation of deceased? If so, specify (Signed) M. D.
Registrar.	(Address) - Addistanting
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	4	Example II		
The principal cause of death and related eauses of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis f 1922	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago	
Cerebral homorrhage	July 5,1927	Peritonitis	3 days ago	
All Marines & was required	our condition			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

STATE OF MARYLAND-CERTIFICATE OF DEATH

(2008

1. PLACE OF DEATH.	
County Washington	Registration Dist. No. 30 2
1: 1	No. 2 St., Ward If death occurred in a hospital or institution, give its NAME instead of street and number) s. ds. How long In U.S. If of foreign birth? yrs. mos. ds.
mill. and	1
2. FULL NAME Student of the La	of the second
(a) Residence: No. 2/3 4 . Level (Usual place of abode)	St., F Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DINORCED (write the word)	21. DATE OF DEATH 71 19 193 2
5e. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of Hellie M. H. Laughle	22. Nov. HEREBY GERTIEY. That I ettended deceased from
6. DATE OF BIRTH (month, day, and year)	I last saw h len elive on Feb 18, 1932 death is sale
7. AGE Years Months Deys If LESS than	to have occurred on the date stated above, at 1/43-9m.
10 // / > 1 day,hrs	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Chrisis murcality) a
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (most) and	Chronic Alestitice Leslits (Se
SAW MILL, BANK, etc.	arteno relevois / /kg
10. Date deceased last worked at this occupation (month and 1932 spent in this year)	Cirrhoris of fire
12. BIRTIIPLACE (city or town) Lanara	Other Contributory Causes of Importance:
(State or country)	
13. NAME John J. M. Cangheri	
13. NAME John J. M. Langhlin 14. BIRTHPLACE (city or town) Glenconte	Name of operation Date of
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Marginte & Source 16. BIRTHPLACE (city or town) Samswille (State or country)	23. If death was due to external causes (VIOLENCE) fill in elso the following:
5 16. BIRTHPLACE (city or town) Samsmile	Accident, suicide, or homicide? Date of injurg, 19,
(State or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT Strange Tours and Chadress)	Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL 2/	Manner of Injury
Place Naguratown Md Date /22 ,193:	
19. UNDERTAKER SCAN Z. Minnes	24. Was disease or injury In any wey releted to occupation of deceased?
(Addiess) Hagergrown Md.	If so, specify
20. FILED 2-20-1326host Bowers	(Signed) M. D
Registrar.	(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 2.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1 1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis . AAR 7	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerciral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastrocnteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

1 2 1	STATE OF MARYLAND—	CERTIFICATE OF DEATH
ould state	1. PLACE OF DEATH	84)
	County Washington	Registration Dist. No. 36 2
tem of should of OCC	Village or City YUGQVSYOWN	No (004 W. Evantelen st. 5 Ward
item shor	(If	death occurred in a hospital or institution, give its NAME instead of street and number)
nt NS	Length of residence in city or town where death occurred 25yrs,mos	
(D. Every YSICIANS statement	2. FULL NAME: Maygaret Amelea TT	Tiddle kauff
D. SIC	(a) Residence: No. 604 VV Franklen	St., 5 Ward.
	(Usual place of abode)	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
RECO. PH	PERSONAL AND STATISTICAL PARTICULARS	
A Y A	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
C GH &	Lemale Whire Married	(Month) (Day) (Year)
ANENA CT Ssiffed	5a. If married, widowed, or divorced HUSBAND of	22. HEREBY CERTIFY, That I attended deceased from
A A ass	(or) WIFE of Daniel J.	aug 1930 to Feb. 22 1932
BIND ERMA EXA y class te.	6. DATE OF BIRTH (month, day, and year) Tales 7-1858	I last saw fer alive on Sub, 19- , 1932; death is said
FOR BI IS A PE stated E properly certificate	7. AGE Years Months Bays If LESS than	to have occurred on the date stated above, at 9
FOR IS A P stated properly	13 7 W 1day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
	8 Trade profession or particular	Ex Raustin from Franchion
VED -THIS lid be ay be ck of	8. Trade, profession, or particular kind of work done, as SPINNER, Housew 1/2	Statoation - Just
RVI ould may back	9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
Si Hanto	10. Date deceased last worked at this occupation (month and 1928 spent in this occupation 257%.	
NEADING I	11 Chanck ann	Other Contributory Causes of Importance:
IN DIE	12. BIRTHPLACE (city or town) + agey S1 own, (State or country)	Johnson Manual 1930
MARGIN UNFADI supplied. n terms, so		(0)00000 (1)00
<1: F F F		
· · · · · · · · · · · · · · · · · · ·	14. BIRTHPLACE (city or town) TAU GRY STOWN (State or country)	Name of operation Date of
F E E		What test confirmed diagnosis? Was there an autopsy?
PLAINLY, KTTI fould be carefully OF DEATH in pla very important.	I C	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of Injury 19
CY, ca.	16. BIRTHPLACE (city or town)	Where did injury occur?
AINLY d be co DEATH		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
LAID DE. DE.	(Address) Lagerstown, Male Lawy	Openia methor mary occurred in the country, in nome, or in the country of
	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
	Place Mayers 10um Ma Date Leby 24, 19.32	
-WRITE mation sl CAUSE TION is	#K College	24. Was disease or injury in any way related to occupation of deceased? Two
C I C	19. UNDERTAKER TO A CARLO KON A TOTAL	If so, specify
S. K.	7-24- 228 Garth 3-101	(Signed) Severe du Werts M.
» ż	20. FILED Registrar.	(Address) 115-n Paternae)
Monta	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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	Example II		
The principal cause of death and related causes of importance were as follows:		Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5,1927	Peritonitis	3 days ago	
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:	

V. S. No. 1

	STATE	OF MARYLAND-	-CERTIFICATE	OF DEATH	
	LACE OF DEATH	ling ton	107-0		52010
	County City		A.	Registration Dist. No.	1/1/4
٧	fillage or City Lucy Lin	naywas	NO. If death occurred in a hospital or institu	ution, give its NAME instead of stree	t.,Wa
La	angth of residence in city of town where		sds. How long in U.S. If o		
2. FL	ULL NAME MUCH	LU IV ball			
(8	a) Residence: No.	· · · · · · · · · · · · · · · · · · ·	St.,Ward.		
-		(Usual place of abode)		If nonresident give city or tow	
	PERSONAL AND STATIST	1		ERTIFICATE OF DEAT	ГН
J. SEX	male White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	2 2 7 (Month) (Day)	, 193.2 (Year)
HUS	orriad, widowed, or divorced SBAND of Spann of S	noate	22. I HEREBY	CERTIFY, That I atte	ended deceased fr
6 DATE	OF BIRTH (month, day, and year)	16 1014	I last saw h	16	22, 195.
7. AGE	Years Months	Days If LESS than 1 day,hrs. ormin,	to have occurred on the data state The PRINCIPAL CAUSE OF DEAD	ed abova, at	e death is s
8. 1	Trada, profession, or particular	14	were as follows:	1.1	Date of on:
N P	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	nour	(8) we Bro	wchile,	2/21
0.	ndustry or business in which work was done, as SILK MILL,				
noocen tox	SAW MILL, BANK, etc	11. Total tima (years) spent in this			
	Inn	mond	Other Contributory Causes of impo	ortance:	
	HPLACE (city or town) Stata or country)	water Tone ()	Planello Do		2/2
13. N	NAME William	Franci	1 Sinkyw / M	and the	2/26
E	BIRTHPLACE (city or town) Ma	my count	Name of operation	Date	1
1	(State or country)			Was that	
15. N	MAIDEN NAME ZUNKA	rawres		uses (VIOL ENCE) fill in also the fol	
15. M	BIRTHPLACE (city or town)	known		Date of Injury_	
2	(State or country)	71	Where did injury occur?	/6 //	
17. 1NFOR	RMANT Address)	monton ma	Specify whether injury occurred la	(Specify city or town, county an INDUSTRY, in HOME, or in PUBL	IC PLACE.
	AL, CREMATION, OR REMOVAL	- 91/20 27	Manner of injury		
PI	lace 1/aut Cuille	hy Date J Stry 27., 1926	Nature of injury		
19. UNDE	RTAKER AMOUNT	rilly may	24. Was diseasa or Injury in any w	ay related to occupation of deceasa	d?
20. FILED	Febry 79 , 1932	rich & Alama Registrar.	(Signad) (Address)	The applicant	1M
	If mov.	e blanks are needed, address State Registrar,		and and	7

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:		The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial hephritis	1921	Run over by street ear	1 week ago	
Cerebral hemorrhage MAR 5 1902	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

BINDING

FOR

RESERVED

MARGIN

No.

202

1 PLACE OF DEATH	STATE OF MARYLAND
County Washington	© CERTIFICATE OF DEATH
WITHIN GORPORETE LIMITO OF	Registration Dist. No.
Village or City Hageistown (No. 4/3, Cl	arendan free St. 2 Ward) (If death occurred in a hospital or institution, give its NAME in-
2 FULL NAME Lufe	ut Moals steet and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
F. 15- 931	192, to
(Month) (Day) (Year)	and that death occurred on the date stated above, at
7 AGE If LESS than I dayhrs.	The CAUSE OF DEATH & was as follows:
wyrsds.lor min. ?	Grenatue and
(a) Trade, profession or particular kind of work. (b) General nature of industry	2 suss development
business, or establishment in which employed or (employer)	(Duration) yrs. mos, ds,
9 BIRTHPLACE (State or country) Manyland	Contributory Secondary , (Duration), yrs, mos. ds,
10 NAME OF FATHER J. Mart	(Signed) Mary & Langhlin M. D.
II BIRTHPLACE OF FATHER (State or country) Maryland	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury: and (2) whether
12 MAIDEN NAME OF MOTHER Angel	Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Bospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or country) Manyland	ln the of death yrs. mosda. In the State,yrsmosda.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Mrs. Anna Maata	Fermer or usual residence.
(Address) Hagastown	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 2-17- 33 648143	20 UNDERTAKER ADDRESS
Filed 192 Registrar	Luthon Musals Hogardown)

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.



REVISED ERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISHASE CAUSING DEATH, gaged in domestic service for wages, as Scrvant, Cook whatever, write None. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school or At home. Care should be taken defluite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborerworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it (a) Foreman, (b) Automobile factory. The material Spinner, (b) Cotton mill; (a) Salesman, (b) Crocery; should be used only when needed. As examples: (a) nature of the business or industry, and therefore au sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fremen, etc. Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocetc., For many occupations a single word or term on or At Home, and children, not gainfully emwithout more precise specification as Day -Coal minc, etc. Wom-But in many

spinal meningitis"); Diphtheria (avoid use of "Croup"); ed term for the same disease; Examples: Cerebrospinal EASE CAUSING DEATH (the primary affection with respect Lobar pneumonia, Bronchopneumonia ("Pneumonia," Typhoid fever (never report "Typhoid pneumonia") fever (the only definite synonym is "Epidemic corebroto time and causation), using always the same accept-Statement of Cause of Death-Name, first, the pis-

> ."Dropsy," "Ethausticn," "Heart failure," "Haemorment of cause of death approved by Committee on head of "contributory." Nomenclature of the American Medical Association.) quences (e.g., scpsis, tctanus) may be stated under the ture of the injury, as fracture of skull, and conseand qualify as Accidental, Suicidal, or Homicidal, or Poisoned by carbolic acid-probably suicide. The na-Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely. taken. For violent draths state means of injury diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weeknes." etc., when a definite disease rhage," "Inanition." "Marasmus," "Old Age." "Shock," symptomatic), "Atrophy," "Collapse," "Coma," "Conconditions, such as "Asthenia," ary), 10 ds. Never report mere symptoms or terminal State cause for which surgical operation was under-"Purrenal seplicaemia." "Puerperal peritonitis," etc. vulsions," causing death), 29 ds.; Bronchopneumonia stated unlers important. use of "Tumor" for malignant neoplasms); Meastes; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-Chronic interstitial nephritis, etc. The contributory Whooping cough; (name origin; "Cancer" is less definite; avoid (secondary or intercurrent) affection need not be -accident; Revolver wound of head-homicide; "Debility" ("Congenital," "Seuile," etc.), Chronic valvular heart disease; (R-commendations on state-Example: Mcastes (disease "Anaemia" (second-

ence. tions answered in detail, it will prevent further correspond-If this certificate is lo-ked over thoroughly and all quescertificate is permanently filed. ... Il the data is essential and must be obtained before

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

26.7
Registration Dist. No. 36 Z
No. 413 Church Street st, 5 Ward
eath occurred in a hospita for institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?
Tion long in 0, 5, if of foleign bifting year, yes,
St., S Ward.
If nonresident give city or town and State
MEDICAL CERTIFICATE OF DEATH
21. DATE OF DEATH
February 28, 1932. (Month) (Day) (Year)
HERABY CERTIFY, That attended coeased from
, 19 , 19 , 19 , 19 , 19
I last saw h. C. alive on 700. 28 , 19.50 , dead is said
to have occurred on the date stated above, at 3:30 Am.
The PRINCIPAL CAUSE OF DEATH and related cayses of importance were as follows:
Oate argaset
Jim cho Jumming Fit
70.
,
Other Contributory Causes of Importance:
Mark.
1 2 2 1 1 1 1 1 1
Name of operation
What test confirmed diagnosis? CWas there an autopsy? N D
23. If death was due to external causes (VIOLENCE) fill In also the following:
Accident, suicide, or homicide?
Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
Manner of injury
Nature of injury
24. Was diseese or injury in any way renoted to occupation of deceased?
If so, specify
(Signed) M. P.

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Chronic interstitial nephritis AR 7 1032	1921	Run over by street car	1 week ago	
Cerebral hemorrhage:	July 5,1927	Peritonilis	3 days ago	
BUREAU V.S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH	4
1. PLACE OF DEATH		_
County Washington	Registration Dist. No. 303	
Village or City Clevelandville	NO. St., f death occurred in a hospital or institution, give its NAME instead of street and numb	Ward
Length of residence in city or town where death occurred	ds. How long in U.S. If of foreign birth?yrsmos	
2. FULL NAME Manne Prella n	roll	
(a) Residence: No. (levelanduille	St,Ward.	
(Usual place of abode)	If nonresident give city or town and State	e
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, WARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH	
OR DIVORCED (write the word)	3	3.2
5a. If married, widowed, or divorced		(Year)
HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY, That I ettended dece	ased from
n. 1 11 1220	1950 to take 2	19 3 2
6. DATE OF BIRTH (month, day, end yeer) 7. AGE Years Months Days If LESS than	(last saw h	ath is seld
1 1 1 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance	
8. Trede, profession, or particular	were as follows:	ate of onset
SAWYER, BOOKKEEPER, etc.	messes	6 day
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (month and		/
SAW MILL, BANK, etc		
this occupation (month and spent in this year) occupation		
12, BIRTHPLACE (city or town) Clevelandiale	Other Cantributory Causes of importance:	
(State or country) Track. Co: Md:	Francho Theunque	3 days
13. NAME Harvey Mosey		/
13. NAME Harvey Moses 14. BIRTHPLACE (city or town) (State or country)	Name of operation Oate of	
(State of country)	What test confirmed diagnosis? Was there an autop	osy?
15. MAIOEN NAME Nora Shoemaker 16. BIRTHPLACE (city or town). Booysboo	23. If death was due to external causes (VIOLENCE) fill in also the following:	
16. BIRTHPLACE (city or town) 200 Up 100	Accident, suicide, or homicide?	, 19
Ala Dinas	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE,	
(Address) Browner Coute, 2	openity microst many occurred in Moostkit, in Home, of in Fobility PLACE.	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Place / Otrustro Oate 7 dt, 4, 1932	Neture of injury	
19. UNDERTAKER WY. F. Bast Roy	24. Wes disease or Injury in eny way related to occupation of deceased?	20
(Address) Borustons Ill.	If so, specify	
20. FILEO Tel. 4 , 1932 William & Das	(Signed)	M. D.
Registrar.	(Address) Pauls land Ma	

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Chronic interstitial nephritis MAK 0	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:	A STATE OF	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
		-		

ADDITIONAL SPA	CE F	OR :	FURTHER	STATEMENTS	BY	PHYSICIAN
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MARGIN RESERVED FOR BINDING	I. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.
S. No. 1	BWRITTE PLAINLY,	mation should be car	CAUSE OF DEATH	TION is very import.

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF PEATH County Washington	Registration Dist. No.350
Village or City Saraah Mc	No. St. Ware
	f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or twwn whare death occurred	s. 79 ds. How long In U.S. if of foreign birth?yrsmosds
2. FULL NAME ENGANCE Myars	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 2 22 19922
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND OF Fidoway Unhuseon	HERESY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) $1883 = 10 = 14$	I last saw h aliva on Jone , 19 ; death is sain
7. AGE Yaars Months Days If LESS than	to have occurred on the date stated abova, atm.
48 10 18 l'day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trada, profession, or particular kind of work dona, as SPINNER, dalers	A A A A A A A A A A A A A A A A A A A
SAWYER, BOOKKEEPER, etc	Sweden digth from
work was done, as SILK MILL, Kaborus SAW MILL, BANK, etc.	natural parist
10: Date deceased last worked at II. Total time (years)	James that how mouth from y
this occupation (month and spant in this occupation	Togothy Mumman Ofalbry
12. BIRTHPLACE (city or town) Dang an mol	Other Chatributory Causes of importance:
(State or country)	West. Partitipale sexual for
13. NAME William Mynn	Springs for I Prover
13. NAME William Mynrs 14. BIRTHPLACE (city or town) Darykur	Name of operation Data of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Margarat myros	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Mangarit myrrs 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country) Dargan Mol	Where distinjury occur?
17. INFORMANT Favour Ruwis (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL MONTE 2= 24, 1932	Manner of injury
19. UNDERTAKER ORBUNOUTE COMME	24. Was diseasa or injury in any way related to occupation of deceased?
20. FILED 724, 132 12 4 Day en Registrar.	(Signed) Mally H. Sheat M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as scrvant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
L. games after August 1			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example IVED	e e e e e e e e e e e e e e e e e e e	Example II		
The principal cause of death and related causes of importance were as follows: 7 1932	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
o co con at the many of	July 5, 1927	Peritonitis	3 days ago	
The Table of the State of the S				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. (if death occurred in a hospital er institu-tion, give its NAME instend of etreet and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE 16 DATE OF DEATH WIDOWED OR DIVORCED (With the wind (Month) may I HEREBY CERTIFY, That I attended the deceased 6-DATE OF BIRTH (Month) (Day) (Year and that death occured on the date etated above, at. If LESS than 7 AGE I day hrs. The CAUSE OF DEATH * was as follows: 8 OCCUPATION (a) Trade, profession or INK particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) Contributory 9 BIRTHPLACE Secondary (State or country 10 NAME OF 11 BIRTHE the Disrase Causing Death, or, in Violent Caus s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal. ATIO 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place In the State.....yrs.....mos..... of death yrs mos ds. Where was disease contracted, if not at place of death?. 14 THE ABOVE IS TRUE Bhou Former or statement usuel residence. (Informant) DATE OF BURIA 19 PLACE OF BURLAY OR REMOVAL 20 UNDERTAK CORESS O Registra If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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burid certificale for date of

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

laborer, state occupation at beginning cfillness. If retired from work, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health tired 6 yrs). business, that fact may be indicated thus; Farmer (reguged in domestic service for wages, as Servant, Cook, laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Lousekcepers who receive a er," etc., without more precise specification as Day worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Nanager," "Dcal-Spinner, nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, c.g., Fermer or Planter, Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH. to report specifically the occupations of persons endefinite salary), may be entered as Housewife, House-Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken mer, (b) Cotton will; (a) Salesman. (b) Foreman, (b) Automobile factory. The For many occupations a single word or term on or At Home, For persons who have no occupations and children, not gainfully em-(6) material Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"; "phoid fever (never report "Typhoid Pneumonia"; "neumonia. Bronchopneumonia ("Pneumonia.")

as fracture of skull, and consequences (e. g., serwis, tetanus) may be stated under the head of "contributory" diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., et 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart disease. Chronic interstitial nephritis, etc. The contributory approved carbolic acid—probably suicide. The niture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train "Atrophy," "Collapse," "Coma," "Convulsions, by Committee on Nomenclature Mcasles,

If this certificate is looked over thoroughly and all questions answered in defail, it will prevent further correspondence. A it he dish is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	1	Example II		
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BURNAU V.S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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1. PLACE OF DEATH			75)	
County Washing	ton		Registrat	tion Dist. No. 302
Village or City Hagers	town,	(If	No. 108 Elizabeth S death occurred in a hospital or institution, give its N	AME instead of street and number)
Length of residence in city or town who	ere death occurred	0.9_yrs,mos	ds. How long in U.S. If of foreign birth	?yrsmosds.
2. FULL NAME				
(a) Residence: No. 108 E	lizabeth	Street	St., 2 Ward.	~
				dent give city or town and State
PERSONAL AND STATIS			MEDICAL CERTIFICA	ATE OF DEATH
Male 4. COLOR OR RACE White		RRIED, WfDOWED, ED (write the word) ied	21. DATE OF DEATH Februa: (Month)	ry 19, , , 193 2 • (Year)
5a. If married, widowed, or divoced HUSBAND of May Re	nner		22. HEREBY CERT	I That I atlended deceased from
6. DATE OF BIRTH (month, day, and year)	uly 3, 1	872	I last saw bu and the	19 19 7 , 195 2 1 19 19 3 2 ; death is said
7. AGE Years Months 7	Deys 16	If LESS than I day,hrs. ormin.	to have occurred on the date stated above, et. 7. The PRINCIPAL CAUSE OF DEATH and releted were as follows:	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Bate deceased last worked et this occupation (month end year) 12. BIRTHPLACE (city or town) Hages (State or country)	11, Total sp. occ	time (yeers) ent in this upation	Other Contributory Causes of importance:	Resterne
13. NAME William Re	enner			
14. BIRTHPLACE (city or town)HE	agerstown	· •	Name of operation	
	IId.		What test confirmed diagnosis?	
15. MAIDEN NAME Margaret Juft 16. BIRTHPLACE (city or town) Baltimore (State or country) Md. 17. INFORMANT George Renner, (Address) Hagerstown, Md. 18. BURIAL, CREMATION, OR REMOVAL Place Hagerstown, Md. Date Feb., 23, 1932.			Specify whether injury occurred in INDUSTRY, I	Date of Injury, 19, ity or town, county and State) in HOME, or In PUBLIC PLACE.
19. UNDERTAKER Fred W. K. (Addiess) Hagerstown 20. FILED Z - 23 - 193/4	- 40-	Registrar.	24. Was disease or injury in any way related to define the second of the	occupation of deceased? M. D. Hop lund

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II		
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Chronic interstitial nephritis 7 17 1022	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V.S.			2	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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	N. BEvery Herm of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF BEATH in plain terms so that it may be properly classified. Exact	statement of OCCUPATION is very important. See instructions on back of certificate.	
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PLACE OF, DEATH County Manual County	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
Village or City Hagerslound. No. 12 2FULL NAME Insured Chiles	St.: Ward) St.: Ward) A St.: Ward) St.: Ward) St.: Ward) A St.: St.: A street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED. WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 19272 to 19272, that I last saw hereafter on 19272
AGE for tion (dead) about If LESS than I day hrs. or min.? B OCCUPATION (a) Trade, profession or particular kind of work	and that death occurred on the date stated above, at
(b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF FATHER SCHOOL STORY II BIRTHPLACE OF FATHER (State or country) IZ MAIDEN NAME 12 MAIDEN NAME	(Signed)
12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrsmosds. Where was disease contracted.
(Informant) Sayul Robins	if not at place of doa.h?
(Address) Clear shring med	CO 4 8 2 CE Private 415 2/2, 19 83
15 Filed Fet 26 1932, J. W. Murray	20 UNDERTAKER ADDRESS Strangs
If more b.anks are needed, address tate negistran	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., without more precise specification as Lay laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the additional line is provided for the latter statement; it state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully em-Spinner, nature of the business or industry, and therefore an Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, whatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, g ged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report ployed, as At school, or At home. Care should be taken household only (not baid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Foreman, (b) Automobile factory. The especially in industrial employments, it is neces-For many occupations a single word or term on Jrs). (b) Cotton mill; (a) Salcsman. Compositor, Architect, Locomotive engineer, specifically the occupations of persons en-For persons who have no occupation Stationary fireman, etc. But in many As examples: (a) (6) The quesmaterial Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever. (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. use of "Tumor" for malignant neoplasms); inges, perilonacum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid "PUERPERAL septicaemia," "PUERPERAL peritonitis, can be ascertained as the cause. "Uraemia, causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, menaccident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases American Medical Association.) approved (Recommendations on statement of cause of death (clanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., scpsis, carbolic acid-probably suicide. The n.ture of the injury, Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS State MEANS OF INJULY resulting from childbirth or miscarriage as by Committee on "" "Weakness," etc., when a definite disease cough; Chronic Example: Measles (disease affection need not be etc. The contributory valvular heart Nomenclature Always qualify all Measles; disease;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

	A-	STATE OF MARYLAND—	CERTIFICATE OF DEATH (12021
	state UPA.	1. PLACE OF DEATH	93-0
9		county Washing Ton	Registration Dist. No. 302
	E M	Village or City A Q Q Q YS Y D W Y	No. 114 E Antietung St. 3 Ward
	·m 0	(II	death occurred in a hospital or institution, give its NAME instead of street and number)
	CORD. Every PHYSICIANS ct statement	111 1 11 0	ds. How long in U.S. if of foreign birth?mosds.
	CI V	2. FULL NAME YOUR Y. Mohrey	
	KD.	(a) Residence: No. + \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	St., 3 Ward.
	RECORD. PHYSI Exact stat	PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
	RECO PH Exact	3. SEX , 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
1		OR DIVORCED (write the word)	teby le 1932
3	T L ied.	5a. If married, widowed, or divorced	(Month) \ (Day) (Yaar)
BINDIN	ACT I	HUSBAND of (or) WIFE of	22. / I HEREBY CERTIFY, That I attended deceased from
N	X A A class	Leria	12/23 ,193/ , to 2/6 ,193 2
BI		6. DATE OF BIRTH (month, day, and year) -eby 10-1875	I last saw h My alive on 2/6 130 th, 1932; death is laid
2	IS A PE stated E properly certificate.	7. AGE Years Months Days If LESS than 1 dayhrs.	to have occurred on the date stated above, at
FO	IS A I stated proper	56 11 25 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset
	be be of c	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPPER, etc.	My Gerguay 1 wount
E	julia	SAWYER, BOOKKEEPER, etc	enmus my raisiwus yeurs a
R	should it may n back	9 Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Date description worked at the constraint of the constraint works and the constraint works are constraint with the constraint works.	22.
SE	F-1	O 10 Date deceased last worked at 11. Total time (years) this occupation (month ah 12 1 spent in this / 17)	
RESERVED		this occupation (month and 3 spent in this 134KS	Other Cautributery Causes of importance:
	NFADING pplied. AGI erms, so tha instructions	12. BIRTHPLACE (city or town) Williams part	Brochets & asthms years
MARGIN	AD ed.	(State or country)	/ /
1R	UNFA supplied n terms, ee instri	13. NAME Mayren H. Johrer	***************************************
MA	sur sur in to See	13. NAME WAYPNH, 190hver 14. BIRTHPLACE (city or town) Vill toms port	Name of operation Date of
	E to te	(State of country)	What test confirmed diagnosis? Many Was there an aulopsy?
	INLY, WITH be carefully s EATH in plain important. Se	15. MAIDEN NAME (Fice TIFE Cardal) 16. BIRTHPLACE (city or town) XX 111 P. a. xx 2 par 1.	23. If death was dua to external causes (VIOLENCE) fill in also the following:
	Tam ti	6 16. BIRTHPLACE (city or town) WINPamspat	Accident, suicide, or homicida? Date of injury, 19
	LAINLY, Ild be car DEATH Ty import	State or country)	Where did Injury occur? (Specify city or town, county and State)
D	Id Id DE y i	17. INFORMANT TTO Wade H Tohrey	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
11	Pi Nei	(Address) Haration, or removal	March 210
1		Place Williams but Date Februa 1932	Manner of Injury
	WRING mation s CAUSE TION is	HICON	Nature of injury
0.1	CA	19. UNDERTAKER 1 + 1 A A A A A A A A A A A A A A A A A	24. Was disease or injury in any way related to becompation of deceased?
S. No.	. B	7-7 27 008 168 1000	(Signed) M.D.
>, 25	z(T)	20. FILED A 192 A C May 17 Power Registrar,	(Address) 7 With hypy
			2411 N. Charles Street, Baltimore, Requesting 7) S. No. 1

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V.S.				
	1			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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Other contributory causes of importance:	0	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ATE OF MARYLAND—CERTIFICATE OF DEATH should County Registration Dist. No. Village or Jo (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS S. if of foreign # Length of residence. wn where deeth occurred statement 2. FULL NAM (a) Residence: No RECORD If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 21. DATE OF DEATH 4. COLOR ON BARE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the walk) (Month) classified. CT 5a. If married, widowed, or divorced HUSBAND of BINDIN CERTIFY, That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) properly to have occurred on the date stated above, at 7:30 4m 7. AGE Months If LESS than Years Days 1 dey hrs. The PRINCIPAL CAUSE OF DEATH end related causes of importence or min. were es follows: 8. Trade, profession, or particular NO kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. RESERVED OCCUPAT may back 9. Industry or business in which should work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at 11. Total time (years) spent in this this occupation (month end that occupation instructions Contributory Causes of Importance MARGIN 12. BIRTHPLACE (city or town) (State or sount FATHER 13, NAME 14. BIRTHPLACE (city or town) plain (State or country) carefully What test confirmed diagnosis? MOTHER 15. MAIDEN NAME in 23. If death was due to external causes (VIOLENCE) fill in also the following: important Accident, suicide, or homicide?______ Date of injury_____ 19 DEATH 16, BIRTHPLACE (city or town) (State or country) Where did injury occur?___ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. 17. INFORMANT plnoasa CAUSE OF 18. BURIAL. CREMATION, OR REMOVAL Manner of injur __ Datu Neture of injury LION 24. Wes disease or injury in any way related to occupation of deceesed 19. UNDERTAKE (Address) If so, specify (Signed) 20, FILED. (Addrése) Registrar.

(Day)

(Year)

death is said

Date of onset

Wes there en eutopsy?

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Cerebral hemorrhage RIJ	July 5,1927	Peritonitis	3 days ago	
Other centributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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S. No.

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should state

OCCUPA-

1. PLACE County Village or

married, wide HUSBAND of

12. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

(State or country)

(State or country

13. NAME

17. INFORMANT (Address) 18. BURIAL, CREMATION, OR

19. UNDERTAKER

(Address)

6. DATE OF BIRTS

2. FULL N

3. SEX

7. AGE

OCCUPATION,

FATHER

MOTHER

STATE OF MARYLAND-	-CERTIFICATE OF DEATH
PLACE OF DEATH	132
County Washington	Registration Dist. No. 316.
Village or City Thear O Keedyaulle	NDSt Ward
	(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 23 yrs	nosds. How long in U.S. if of foreign birth?yrsmosds.
01/12 0 1.1	+ Sh h
FULL NAME Hello James Call	My shawk.
(a) Residence: No. Resdyzuelle	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWSD, OR DIVERSED, (write the word)	21. DATE OF DEATH Trumper 2" 193 2
all while Married	(Morth) (Day) (Year)
narried, widowed, or divorced USBAND of	22./ I HEREBY CERTIFY. That I ettended deceased from
1) WIFE of Sarah E. Shank	
E OF BIRTH (month, day, end yeer)	Vast saw h alive on treleng 1,1932; death is said
Years Months Days If LESS than	to have occurred on the date stated above, at 1.30 R.m.
74 8 3 1 day,hr	The PRINCIPAL CAUSE OF DEATH end related causes of importence were as follows:

Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. Q Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.... 10. Date deceased last worked at 11. Total time (years) spent in this this occupation (month and occupetion __ 0 Name of operation. 14. BIRTHPLACE (c/ty or town) What test confirmed diagnosis?. 23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide? Date of injury...... 19 16. BIRTHPLACE (city or town) Where did injury occur?__ (Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, In HDME, or in PUBLIC PLACE. Manner of injury Nature of injury no 24. Was disease or Injury in If so, specify (Signed) Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUEEFIL A. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH arlung Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred... mos, ds. How long In U.S. if of foreign birth? vrs. mos. ds. St. Ward. If nonresident give city or town and State (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Marvol (Day) (Year) 5a. If married, widowed, or divorced HUSBANO of EBY CERTIFY. That I attended deceased from 6. DATE OF BIRTH (month, day, and year) Months Days If LESS than to have occurred on the date stated above, at, 1 dey, hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or____min. as follows: Date of onset 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and 11. Total time (years) spent in this occupation. FATHER 13. NAME 14. BIRTHPLACE (city or town) Name of operation.

(State or country)

15. MAIOEN NAME 16. BIRTHPLACE (city or tow

(Address)

(State er country)

19. UNOERTAKER

(Address)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Menner of injury Nature of injury.

23. If death was due to external causes (VIOLENCE) fill in also the following:

Where did injury occur?_____

What test confirmed diagnosis?..... Was there an autopsy?.....

Accident, suicide, or homicide?_______ Dete of injury________ 19_____

(Specify city or town, county and State)

24. Was disease or injury in eny way related to occupation of deceased? If so, specify

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BUDEAU V.	1			
Other contributory causes of importance:		Other contributory causes of importance:		
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

See note einder "Hishard" 1932" stating deseased us angle

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of cpilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
		3
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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	Registration Dist. No.
(If	No. Wash C6 Hasparal St, Ward death occurred in a horpital or institution, give its NAME instead of street and number)
OV	
_	Ward. If nonresident give city or town and State
	MEDICAL CERTIFICATE OF DEATH
;	21. DATE OF DEATH (Month) 4 8 (Oay) (Year)
	722. Tel. 1 HEREBY CERTIFY. That I attended deceased from 1932, to Feb. 8, 1932. 1932. 1 last saw h. um alive on Feb. 7, 1932; death is said
n nrs.	to have occurred on the date stated abova, at 1:25 a.m.
113.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Oate of onget 2 -6232
	temporal Hones 2 lived
· ·	horalled,
	Other Contributory Causes of importance: Quitomobile oxident . Washington County, room
•	Land, on road leading from Eable's Cross-roads
	Name of operation have first farmhouse Date of
	23. If death was dua to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Accident. Data of injury Feb. 64., 19.32
	Where did Injury occur? Workington County (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
2	Manner of injury Frosture of obull AutoGrander
5	24. Was disease or injury in eny way related to occupation of deceased? 200

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Cerebral hemorrhage MAD 7 1922	July 5,1927	Peritonitis	3 days ago
BURRAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1 N. B.—V

STATE OF MARYLAND—CERTIFICATE OF DEATH

62027

1. PLACE OF DEATH	93-0
County Washongton	Registration Dist. No. 302
WITHIN CURPOSATE LIMITS OF	N. EE Invin (venue
(1	f death occurred in a hospital or institution, give its NAME instead of street and number)
Longin of Joseph of The Court and the Court	sds. How long in U.S. If of loreign birth?yrsmosds.
2. FULL NAME Mary Jane Smith	
(a) Residence: No. 748 W. Washington Stree	t. St., Ward. If nonresident give give or rown and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Female White OR DIVORCED (write the word) Widow	February 9, 1932. (Month) (Day) (Year)
5a. If married, widowed, or divorced	
HUSBAND of Samuel E. Smith Deceased	22. HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) June 2, 1858	I last saw h_21 alive on
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at 3:15Pm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
73 8 7 1 day,hrs	mare as follows.
8. Trade, profession, or particular kind ol work done, as SPINNER, Home Work SAWYER, BOOKKEFPER, etc	Broncho Preumonia 2/8-/32
9. Industry or business in which	nyocarditis che '20
work was done, as SILK MILL, SAW MILL, BANK, etc.	
this occupation (month and	
year) occupation	Other Contributory Canses of Importance:
12. BIRTHPLACE (city or town) Hagerstown, Md. (State or country)	Cordine Deletation
篮 13. NAME Cleggett Randall	
13. NAME Cleggett Randall 14. BIRTHPLACE (city or town) Md.	Name of operation
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Anna Kershner 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
[16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
(State or country) Md	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT W. Ragan Smith,	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Hagerstown, Md.	Manner of injury
Place Hagerstown, Md. Date Feb. 11, 1932	
	24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKER Fred W. Kraiss. (Address) Hagerstown, Mda	If so, specify HR PTO
2-11- 32 /dkasttBruss	(Signed) Af Portufuld M.D.
LU. FILEU 1300 K. Alf. J. M. Tyl	12/1/1/2012 Shireston the

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example /I	***	Example II		
The principal cause of death and related causes of importance were as follows: 1932 Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Data of onset	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

county Mohinglany		Registration Dist. No. 3	0.5
Village or City Balansles	71	No. St.,	Wai
Length of residence in city or town where deat		f death occurred in a hospital or institution, give its NAME instead of street and stree	
(a) Residence: No.	(Usual place of abode)	St., Ward. If nonresident give city or town a	and State
PERSONAL AND STATISTICA	AL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	l
heuse mule	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Fule 10" (Month) (Day)	, 193 2 (Year)
 If married, widowed, or divorced HUSBAND of (or) WIFE of 	,	22. I HEREBY CERTIFY, That I attend	
7	do 10" 1932		
6. DATE OF BIRTH (month, day, and year) 7 U	Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of one
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc	noue	Atill lean.	
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc	-1	(Granslum 3 mos)	
Date deceased last worked at this occupation (month and year)	11. Total time (years) spant in this occupation	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town) 2000. (State or country)	usleon. md.	Other Conditionary Courses of Importance.	
13. NAME Serley 7	r. Sputte		
14. BIRTHPLACE (city or town) Voa (State or country)	ma:	Name of operation Date of What test confirmed diagnosis? Was there a	
15. MAIDEN NAME Ecleen	Recolemen	23. If death was due to external causes (VIOL ENCE) fill in also the follow	
15. MAIDEN NAME Eclesis 16. BIRTHPLACE (city or town)	dysully	Accident, suicide, or homicide? Date of injury Where did injury occur?	, 19
17. INFDRMANT Elgen Di (Address) Boscol	welling.	(Specify city or town, county and S Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC	itate) PLACE.
18. BURIAL, CREMATION, DB REMOVAL Place At Laure	Date Heb. 10"1932	Manner of injury	
19. UNDERTAKER (Address)		24. Was disease or injury in any way related to occupation of deceased?	no
(//////////////////////////////////////		If so, specify	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage MAR 5 1932	July 5,1927	Perilonitis	3 days ago
BURRAU V.S.			- F-11(01)
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year



MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

STATE OF MARYLAND-	CERTIFICATE OF DEATH (12029
1. PLACE OF DEATH	(11/2)
County Washington	Registration Dist. No. 803
Village or City Bluis Valley	No. St., Ward fdeath occurred in a hospital or institution, give its NAME instead of street and number)
	sds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Mable Lillian S.	nyder.
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Lemale. 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR (DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. 1 HEREBY CERTIFY, That I attended deceased from
hely 5 1912.	I last saw half alive on Handal 19 1, death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
1 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related couses of importance
8. Trade, profession, or particular	were as follows: Lecture of Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	June Dulik
9. Industry or business in which	
work was done, as SILK MILL, Going to School	More de le sorrice
11. Totel time (yeers) spent in this year)	
12. BIRTHPLACE (city or town) Blaiss Valley. (State or country) 1/24 & 6.0	Other Contributory Canses of importance:
13. NAME Aufiefal Surder	
I Teliport	None of annual and
X 14. BIRTHPLACE (city or town) (State or country)	Name of operation
15. MAIDEN NAME 19 ora - Neuron	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) May land	Accident, suicide, or homicide?
2 (Stete or country) 17. INFORMANT Achiebal Suyder (Address) Blairs Valley.	Where did Injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Church of god. Date + 1 9 , 1932	Manner of injury
19. UNDERTAKER FRESH W. Janus. Md.	24. Was disease or Injury in any way releted to occupation of deceased? If so, specify
20. FILED Let Ja, 19 32) W. Wythou	(Signed) Mula Du M. D. (Address) La Land M. D.
If more blanks are needed, address State Registrar	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis R 0 14	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
PUREATI V R			
Other contributory causes of importance:		Other contributory causes of importance:	1
Gallstones	May 1,1923	Gastroenteritis	1 year
]

ADDITIONAL SI	PACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
---------------	------	-----	---------	------------	----	-----------

A-rete	STATE OF MARYLAND	CERTIFICATE OF DEATH
infor- state UPA-	1. PLACE OF DEATH	<u> </u>
	County Dash unslan	Registration Dist. No. 302
tem of should of OCC	Village or City Theyers the win	No. 123 Ross St St 2 Wa
	(1)	f death occurred in a hospital or institution, give its NAME instead of street and number)
Every CIANS ement	Length of residence in city or town where death occurredyrsmos	ds How long in U.S. If of foreign birth?yrs,mos,
CIA	2. FULL NAME many alule	e Socles.
RECORD. Every PHYSICIANS	(a) Residence: No. 12'8 No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
RECC PF Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
F X	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWEO, OR DIVORCED (write the word) S	21. DATE OF DEATH (Month) (Oay) (193 5
NG TE	5a. If married, widowad, or divorced HUSBANO of	(month) (day) (feat)
A C. Ssiff	(or) WIFE of Shell have,	22. I HEREBY CERTIFY, That I attended deceased from
Cla Cla		7 , 19, to, 19
BB BE E E E A S A S A S A S A S A S A S A S	7. AGE Yaars Months Days If LESS than	I lest saw h; daath is say to have occurred on the date statedaheve, at
FOR B IS A PE stated E properly certificate	It e e L hrs.	The PRINCIPAL CAUSE OF DEATH and calated causes of Importance
FC IS sta sta pro	8. Trade, profession, or particular	wara as follows: Date of onse
- 00	kind of work done, es SPINNER, SAWYER, BOOKKEEPER, atc.	
	9. Industry or business in which	
ERV IK—T should it may	work was dona, as SILK MILL, SAW MILL, BANK, etc.	
INI INI S. S. P. I.	spont in this	Cel
ARGIN RES NFADING I. pplied. AGE erms, so that instructions o	yaer) oscupation oscupation	Other Contributory Causes of importance:
Fri 100	12. BIRTHPLACE (city or town) /23 Puns 91	
MARGIN UNFADI supplied. n terms, so ee instruct	(State or country) / dufesture me	
	13. NAME Swelt Swelt 14. BIRTHPLACE (city or town). 2n. 4.	
MA H U suffin to	4 14. BIRTHPLACE (city or town) In U	Name of oparation Data of
4 1 1 1 1	(State of Country)	What test confirmed diagnosis?
W W in in ant	15. MAIDEN NAME anna thre Make	23. If daath was due to extarnal causes (VIOLENCE) fill in also the following:
AINLY, id be car	16. BIRTHPLACE (city or town)	Accident, suicida, or homicide?
EAZ.	(State of County)	Whare did injury occur?(Specify city or town, county and State)
	17. INFORMANT (Address)	Specify whather injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
25 10	18. BURIAL, CREMATION, OR REMOVAL	Mannar of injury
	Place, 19	Nature of injury
White mation s CAUSE TION is	19. UNDERTAKER Ermen Duly	24. Was disease or injury in any way related to occupation of daceased?
HCH L	(Address) / tures how,	If so, spacify
S. S.	20. FILED 2 29- 193 2 Chart Bowers	(Signed) Tr. 9. From M.
> Z	Registrar.	(Address) / fugees win my.
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 2.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 doys ago	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

	437	STATE OF MARYLAND—	CERTIFICATE OF DEATH
1	state UPA.	1. PLACE OF DEATH	12031
III	7	county Washington	Registration Dist. No. $\mathcal{J} \circ \mathcal{J}$
	should of OCC	Village or dine an thuyetts	ND. State Moad St, Ward
		M a	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. N of foreign birth?msds.
	RECORD. Every PHYSICIANS	2. FULL NAME Sallie III Spreche	· ·
	SIC sate	(a) Residence: No. State Road # 40	St. Ward.
	OR HY	(Usual place of abode)	If nonresident give city or town and State
	RECC. PH Exact	PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED WIDOWED.	MEDICAL CERTIFICATE OF DEATH
3	7 X	Female 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
NG	C T L sified.	5a. If merriod, widowed, or divorced HUSBAND of	
BINDIN	Z 4 %	(or) WIFE of	22. I HEREBY CERTIFY, That attended deceased from
NI N		6. DATE OF BIRTH (month, day, and year) Aug 8 1861	I last saw h. 4 alive on 2/4 1932; death is said
~		7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 9. Pain.
FOR	IS A stated proper	70 5 26 or min.	The PRINCIPAL CAUSE OF DEATH and rolated causes of importance were es follows:
	S II	8. Trade, profession, or particular kind of work done, as SPINNER,	Palminay J.B. ().
Ξ	HIS he pe	SAWYER, BOOKKEEPER, etc.	B P 2
RV	KK_T should it may n back	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9-Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.	10 m Cho. 1 hu hund 4 2/1-193
MARGIN RESERVED	Sh sh	U 10. Date deceased last worked at 11. Total time (years)	
RE	65 10	year) occupation 25 4kg	Other Contributory Causes of Importance:
Z	DI So so letti	12. BIRTHPLACE (city of town) 1. 1. LOGE ITS.	
53	UNFA supplied n terms, ee instru	1	
AF		E	
Z	T -= 70	(State or country)	Name of operation Dete of What test confirmed diagnosis? Was there en eutopsy?
-	it.	# 15. MAIDEN NAME SUSAN E MOTTIS.	23. If death wes due to external causes (VIOLENCE) fill in elso the following:
	INLY, WITH be carefully EATH in plain portant.	15. MAIDEN NAME Susan E Norris, 16. BIRTHPLACE (city or town) XXIII ams part	Accident, sulcide, or homicide? Date of injury, 19
	be carried	S (Stete or country)	Where did injury occur?(Specify city or town, county and State)
	E PLAINLY, should be car OF DEATH s very import	17. INFORMANT TITLES. Der Thu V-Spracker	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
	Sho OF	18. BURIAL, CREMATION OR REMOVAL	Manner of injury 🗸
	2 19 4	Place St Caulscan Date heby 8, 1932	Nature of injury
_	CAUS	19, UNDERTAKER ALL COXX man	24. Was disease or injury in any way related to occupation of deceased?
S. No. 1	2 2 2	(Addiess) Hader stown ma	If so, specify
υ <u>ί</u> >	z(T)	20. FILED Tel 1922 Com M. Facell	(Signed) Mor Durle M. D.
10	26	If more blanks are needed, address State Registrar.	(Address)
171	Victo	VIII: 1/04	

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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BULLIAU V. S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 N. B. of OCCUPA-

1		F MAR	YLAND-	CERTIFICATE OF DEATH	032
County	Vashington	Valley		Registration Dist. No. 3 0	
Length of resi	idence in city or town where o	death occurred li	I grsmos	No. St, death occurred in a hospital or institution, give its NAME instead of street and nu de How long in U.S. if of foreign birth?	
2. FULL NA (a) Residen	ME Francis ice: No. Blair	(Usual place	Ley	St., Ward. If nonresident give city of town and St	tate
PERSON	AL AND STATIST	ICAL PART	CULARS	MEDICAL CERTIFICATE OF DEATH	der er edining
female	4. COLOR OR RACE White		RRIED, WIDOWED,	21. DATE OF DEATH Feb, 12, 1932 (Month)	193 (Year)
5a. If married, widow HUSBAND of (or) WIFE of	William St	ceele		22. Oct HEREBY CERTIFY, That I attended de 193/, to 12/932	ceased from
6. DATE OF BIRTH	(month, day, and year)	Sept.19	1869	I tast saw h. 42 alive on 2/12/ 1932	death Is said
7. AGE Yea 62	Months 4	Days 23	If LESS than I day,his.	to have occurred on the date stated above, at _6 _ P m The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8. Trade, profe	ssion, or particular work done, as SPINNER, BOOKKEEPER, etc. HC	useworl		Hypertensis Cardio Vascular -	Date of onset
4 9. Industry or	business in which s done, as SILK MILL, L, BANK, etc	1t Hor		my rearhed Factures	
10. Date deceas this occu year)	ed last worked at pation (month and 1930	11. Total t spe	time (year) ife ont in this life upation		
12. BIRTHPLACE (ci (State or cour		ryland		Other Centributory Causes of Importance:	*******
≥ 13. NAME	William Kis	nar			
13. NAME 14. BIRTHPLACE (State or	(city or town) Gerry			Name of operation	10
	ME Ann May Fo	rsythe		What test confirmed diagnosis? Le Siant Wes there an aut	opsy?/_
H . 16. BIRTHPLACE	(city er town) Me]	ryland		23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suiside, or homicide? Date of injuty	, 19
(State or country) William Steele Address) Clearspring Md R.F.D.				Where did Injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLAC	E.
18. BURIAL, CREMAT				Manner of injury	
	Albert Leaf Williamspon			Nature of injury 24. Was disease or injury in any way related to occupation of deceased? If so, specify	h
20. FILED &	15 , 19 3 a	J. W. 7	Mena.	(Signed). (Address) 170 W. Mashiff & Hoyam Jef	M. D

If more blanks are needed, address Sute Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury eausing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example_I_	1	Example II	
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial neg	phritis H K 9 1932	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	RUESAU V.S.	July 5,1927	Peritonitis	3 days ago
	7			•
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 yeor

P.

V. S. No. 1

20. FILED

of OCCUPA.

STATE OF MARYLAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH	62033
County Washington	Registration Dist. No. 300
Village or City Antietem Md	NoSt,Ward
Langth of recidence in city or town where death occurred 40 years	NoSt.,Ward death occurred in a horpital or inslitution, give its NAME instead of street and number)ds. How long In U.S. if of foreign birth?yrsmosds.
Took H. Mrocy	100 tong in 4,0,1 or total president and the second
TOLL NAME	
(a) Residence: No. Anti-t (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WidoWed	21. DATE OF DEATH Feb. 5 , 1932 (193) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	1 HEREBY CERTIFY. That I ettended deceased from
6. DATE OF BIRTH (month, day, end year) Nov. 15. 1877	I last saw him elive on 4 16 5 , 19 3 death is said
7. AGE Yeers Months Days If LESS than	to have occurred on the date stated above, at 6 · 45 mP · M.
54 2 21 1 dey, hrs. or min.	The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were as follows:
8. Trade, profession, or particular kind of work done, es SPINNER, Blackemith SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date decessed last worked et this occupation (month and spent in this pertion the pertion that per	Phrome Palmonay yt. 1910.
10. Date deceesed last worked et this occupation (month and year) 11. Total time (yeers if e spent in this year) occupation	
12. BfRTHPLACE (city or town) Penna. (State or country)	Other Contributary Canses of Importance:
# 13. NAME James Tracy	Purway Hemorrhan 4.45.
13. NAME James Tracy Penna. 14. BIRTHPLACE (city or town) (State or country)	Name of operation
# 15. MAIDEN NAME Mary Tosten	23. If death was due to external causes (VIOLENCE) fill in elso the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
17. INFORMANT	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Vetown Md Place Sharpsburg Md Date, Feb. 8, 19 32	Manner of injury
19. UNDERTAKER Alle Bankling MO	24. Was disease or injury in any way related to occupation of deceased? 200-

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No.

Registrar.

(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	- 45
The principal cause of death and related causes of importance were as follows: CEIVEL	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephrilis MAR 5 1932	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
EUREAU V. S.	è		
Other contributory causes of importance:	7	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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+ t +	STATE OF MARYLAND—	CERTIFICATE OF DEATH (12034
infor- state UPA-	1. PLACE OF DEATH	23)
item of infor should stat of OCCUPA	Village or City Wagex Stown	Registration Dist. No. Solution No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
		death occurred in a horpital of mandadout, give its (VANVE instead of street and number)
Sver IAN men	2. FULL NAME IT VS Edith L. Trou	LP.
RECORD. Every PHYSICIANS Sxact statement	(a) Residence: No. SS E Frank It n. (Usual place of abode)	St., # Ward. If nonresident give city or town and State
PH PH	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) OR DIVORCED (write the word)	21. DATE OF DEATH Feby 24, 193 2 (Month) (Day) (Year)
AN AC A C Ssifi	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William E,	22. I HEREBY CERTIFY, That I attended deceased from
FOR BIN SIS A PERS stated EX properly cl	6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day, hrs. or min. 8. Trade, profession, or particular kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc.	to have occurred on the date stated above, at 1
MARGIN RESERVED SUPPLIED INK—THIS SUPPLIED. AGE should be n terms, so that it may be ce instructions on back of	kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and 1927 spent in this occupation (month and 1927 spent in this occupation (State or country) 12. BIRTHPLACE (city or town) (State or country)	Other Contributory Causes of Importance:
MA H U sup in te	13. NAME H Deyt Wolks, 4. 14. BIRTHPLACE (city or town) Hancody (State or country)	Name of operation
INLY, WIJ be carefull EATH in pl	15. MAIOEN NAME 16. BIRTHPLACE (city or town) Hancody (State or country) 17. INFORMANT VV 119 ayr F Tyoup	23. If deeth was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
WRITE PLA ation should AUSE OF DI	18. BURIAL, OREMATION, OR REMOVAL Place X QQ C Y S TO UM W Oate Teloy 26 193. 3	Manner of injury
N.S. Mo. 1 N.S.—WRIT Mation CAUSH	19. UNOERTAKER A. L. COX LYMAN (Address) 20. FILED 25 7, 193	24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) (Address)
Bridy Swen	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. SNO. 1. July 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis MAR 7 932	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUR AU V. D.	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF	MARYL	AND-CER	TIFICATE	OF DEATH
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1	1	0	1.	0.	24	
- 1	1	2	17.	1	Þ	1
1	0	-	0	()	Q.	y

1	L PLACE OF	DEATH			940	0.600.1
	County	Washingt	on		Registration Dist. No. 3	>2/
	Village or City	Hagerstew	n Limits of			
				(If	No. 604 N. Mulberry Streetst, death occurred in a horpital or institution, give its NAME instead of street an ds. How long in U.S. If of foreign birth? yrs.	d number)
	Length of resider	nce in city or town where de	eath occurred	yrsmos	ds. How long in U.S. If of foreign birth?yrs	.mosds.
		E Charle				
	(a) Residence	: No. 604 N.	Mulberr (Usual place	y Street	St., Ward. If nonresident give city or town a	ad State
-	PERSONA	L AND STATISTIC			MEDICAL CERTIFICATE OF DEATH	
3.		COLOR OR RACE		RIED, WIDOWED,	21. DATE OF DEATH	
	Male	White	or Divorce	D (write the word)	February 1, 1932	, 193
5a.	. If married, widowed	. or divorced	Auct I I I	ca	(Month) (Day)	(Year)
	HUSBAND of (or) WIFE of	Rillie	Wakenig	ht	22. LHEREBY CERTIFY That I ettende	ed deceased from
6.	DATE OF BIRTII (me	onth, day, and year) Fe	by. 18,	1858	I last saw h alive on, 19	; death is said
-	AGE Years	Months	Days	If LESS than	to have occurred on the date stated above, at $7:45A_{m}$.	
	73	11	18	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	1.0.40-6
z	8. Trade, profession	on, or particular				Date of onest
91	SAWYER, B		laborer		() () ()	and
JPA	9. Industry or bu	one, as SILK MILL.			Ungina Vellous	Ian
OCCUPATION	10. Date deceased			ime (years)	- J	
0	this occupat	tion (month and	spe	nt In this upation		
12	. BIRTHPLACE (city	or town) Frede	rick Co	untv	Other Contributory Causes of importance:	
12	(State or countr		d.		artino polerosis	
ER	13. NAME	Villiam Wak	enight		1	
FATHER	14. BIRTHPLACE (d	city or town)			Name of operation Date of	
F	(State or co		•		What test confirmed diagnosis? Was there a	n autopsy? W
MOTHER	15. MAIDEN NAME	Louise C	rum		23. If death was due to external causes (VIOLENCE) fill in also the follow	ing:
P	16. BIRTHPLACE (city or town)			Accident, suicide, or homicide? Date of injury	, 19
Σ	(State or co	ountry) Pa	•		Where did Injury occur?(Specify city or town, county and S	State)
17		Ars. Rillie		ght,	Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC	PLACE.
18	BURIAL, CREMATIO	N, OR REMOVAL			Manner of injury	
	Place Hage	erstown, Md	• Date F C D •	3 ,1952	Nature of injury	
19	UNDERTAKER	Fred W. Kr	aiss.		24. Was disease or injury in app was related to occupation of deceased?	W
	(Address)	Hagerstown			If so, specify	
20	FILED V	- 132/64	astro	owers	(Signed)	
1				Registrar.	(Address)	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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	Example I	1	Example II		
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis -	CEIVED	1915	Attack of epilepsy	1 week ago	
Chronic interstitial ne		1921	Run over by street car	1 week ago	
Cerebral hemorrhage	MAR 7 1932	July 5,1927	Peritonitis	3 days ago	
	LILLEAU V.S.				
Other contributory	causes of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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If more blanks are needed, address State R

	Registration Dist, ND.
	ND. 6 E Franking. St, Ward death occurred in a hospital or institution, give its NAME instead of street and number)
mos.	ds. How long In U.S. if of foreign birth?mosds.
e, a	Vex 1/2
	St., B Ward. If nonresident give city or town and State
	MEDICAL CERTIFICATE OF DEATH
VED. ord)	21. DATE OF DEATH (Month) (Day) (Year)
than	22. I HEREBY CERTIFY, That I attended deceased from 2thy 11 22 to 2thy 13, 1932 I last saw II ex aliva on 2thy 13, 1932 death is said to have occurred on the date stated above, at 755 m.
in.	Tha PRINCIPAL CAUSE OF DEATH and ralated causes of importance ware as follows:
e	arleyer Storow
iyrs.	Dther Contributory Causes of importance:
	Name of operation
	What tast confirmed diagnosis? Was there an autopsy?
	23. If daath was due to extarnal causas (VIDLENCE) fill in also the following:
	Accident, suicide, or homicide?, 19, 19, 19
	Where did injury occur?
	(Specify city or town, county and State)
	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
<u>a-</u> ,	
,32	Mannar of Injury
يد لاو	Natura of injury
	24. Was diseasa or injury in any way related to occupation of deceasad?
,	If so, specify
Lin	(Signed) ON Slauffer M.D.
trar.	
	(Address)
egintar,	zatz zi. Countes Street, Danimore, Requesting U. St. 190. 1.

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Chronic interstitial nepi	hritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	MAR 1 1981	July5,1927	Peritonitis	3 days ago
	BURRAU V.S.			
Other contributory ca	auses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

or-	STATE OF MARYLAND—	CERTIFICATE OF DEATH
infor- state UPA.	1. PLACE OF DEATH	160-6)
C E o	county Washington	Registration Dist. No. 302
should of OCC	Village or City Hill Comments of the Comments	NAD costs of the St., 3 Ward death occurred in a hospital or institution, give its NAME instead of street and number)
AS AS		ds. How long In U.S. if of foreign birth?yrs mos Gs.
CORD. Every PHYSICIANS oct statement	2. FULL NAME Jean Jordon M	lollor
SIC ate	(a) Residence: No. Ylash Co Huspi Ka	· St. 3 Ward.
St st	(Usual place of abode)	If nonresident give city or town and State
RECORD. PHYSI Exact stat	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
L X	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Some of the color	21. DATE OF DEATH (Month) (Day) (Year)
	5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased from
X A C Classifi	(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
	6. DATE OF BIRTH (month, day, and year) Febu 5-1932	I last saw here alive on 2
4 7 7 7	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
IS A P stated properl	1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and retated causes of importance were as follows:
20	8 Trada profession or particular	Date of onset
be be	kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.	Trauma from difficulty
r. T.	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
	kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 1D. Date daceased last worked at 11. Total tima (years)	delivery
G H H G	this occupation (month and spent in this year)	
NG I AGE that ions	Magazetous	Other Contributory Causes of importance:
II. DIT	12. BIRTHPLACE (city or town) 1. 1. 2. 4. 4. 5. 1. 0. 4. 1. 1. (State or country)	
MARCIN RE UNFADING supplied. AGE n terms, so tha	13. NAME - OUR YEARS F. NO NOY	
	13. NAME LOUVENCE E. Weller 14. BIRTHPLACE (city or town) VILSY minister	Name of operation Data of
S = S	(Stata or country)	What test confirmed diagnosis? Was thera an autopsy?
Y, WITH carefully H in pla	# 15. MAIDEN NAME //olet J. Fordon	23. If death was due to external causes (VIOLENCE) fill in also the following:
y W arefar I in	15. MAIDEN NAME VOOLET 3. SOYdon 16. BIRTHPLACE (city or town) Will ams port	Accident, sulcide, or homicide? Date of injury, 19
e ca	(State or country)	Where did injury occur?
E PLAINLY, WI should be careful OF DEATH in ps	17. INFORMANT Lawyenca F Weller (Address) Kaalys Lowy Mal	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
53 70	18. BURTAL, CREMATION, DR REMOVAL	Manner of injury
SE SE	Place of agenstown Willows - eloy le , 1927	Nature of injury
-WRITE mation CAUSE TION is	19. UNDERTAKER A. M. COXX Wan	24. Was disease or injury in any way related to occupation of deceased?
TEOF	(Address) Haders town MU	If so, specify
, m	20. FILED 2,-6- ,1932 6 hasf HBowers	(Signed) CUSUNEM. E.
8ZV	Registrar.	(Address) Lyudin my
[); KJ.	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5, 1927	Peritonitis	3 days ago	
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:	

V S. No. 1

PLACE OF DEATH County Mashington	STATE OF MARYLAND CERTIFICATE OF DEATH
De a M. M. D. B	Registration Dist. No.
Village or City Suchur Mit (No	St.: Ward) St.: Ward) A hospital or institution, give its NAME in stead of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SSINGLE, MARRIED, WIDOWED. OR DIVORCED	16 DATE OF DEATH 400 2815, 1932
(Write the word) 6 DATE OF BIRTH (Month) (Day) (Year)	(Month) (Day) (Year)
7 AGE If LESS that I day hrs or min.	and that death occurred on the date stated above, at
B OCCUPATION (a) Trade, profession or particular kind of work	
(a) Trade, profession or particular kind of work (b) General nature of industry) business, or establishment in which employed or (employer)	(Duration)yrsmosd
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country)	Contributory Secondary (Duration) yrs. mos. d. (Signed) M. I
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country)	Contributory Secondary (Duration) yrs. mos. d
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country)	Contributory Secondary (Duration) (Signed) *State the I is ase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrsmosds. Stateyrsmosd
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER	(Signed) *State the listase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Translents or Recent Residents) At place

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Spinner, (b) Cotton mill; (a) Salcsman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed as At school, or At home. Care should be taken er," etc., without more precise specification as Lay laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, g ged in domestic service for wages, as Servant, Cook, definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a whatever, write None. Housemuid, etc. If the occupation has been changed report specifically the occupations of persons en-Foreman, For many occupations a single word or term on especially in industrial employments, it is necesyrs). For persons who have no occupation Compositor, Architect, Locomotive engineer, (b) Automobile factory. The material Stationary fireman, etc. But in many (b) Grocery,

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on Nomenclature tetanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Ezhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid carbolic acid-probably suncide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL scpticaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death accident; Revolver wound of head-homicide; Poisoned by taken. FOR VIOLENT DEATHS state MEANS OF INJURY Whooping American Medical Association.) as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic affection need etc. The contributory valvular Always qualify all heart not be disease;

It this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is opermanently filed.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be estated EVACTIV DUVELLAND ALLEGATIONS. MARGIN RESERVED FOR BINDING

V. S. No. 1

1. PLACE OF DEATH /	CERTIFICATE OF DEATH	3
Village or City 16 agristours	Registration Dist. Np. 202 No.418 Multiple St., 5 I death occurred in a hospital or institution, give its NAME instead of street and number	W:
2. FULL NAME (a) Residence: No. 4/9 Mitaller and Common C	Jos. How long in U. S. If of foreign birth? yrs. mos	••••
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 7 CM 6	2
HUSBAND of (or) WIFE of	(Month) (Day) (22. I HEREBY CERTIFY, That I attended decea	Year)
6. DATE OF BIRTH (month, day, and year) 72 86 6 198 2		19
7. AGE Years Months Deys If LESS than 1 day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and retated ceuses of importance were as follows:	e ol or
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc	Shep	
work was done, es SILK MILL, SAW MILL, BANK, etc. 10 Date deceased last worked et this occupetion (month and spant in this	Kuz	
12. BIRTHPLACE (city or town) Ceffection (State or country)	Dther Contributory Canses of Importance: Guel	
13. NAME Free / CWilliams ne		
14. BIRTHPLACE (city or town) (Stete or country)	Name of operation Dete of What test confirmed diagnosis? Was there an autopsy	
15. MAIDEN NAME 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide?	-7
17. INFORMANT Averal Cyclians	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL Place	Manner of Injury	
19. UNDERTAKER Example Language (Address) Haging former and	24. Was disease or injury in any way related to occupation of deceased? If so, specify	
20. FILED 8-, 1502 Charft Downs	(Signed) John Honor W	N

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 weck ago
Cerebral hemorrhage MAP 17 1932	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADI	DITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN	
						·		_

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Acquesting V. S. No. z.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arterioselerosis		The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Combred by Annual Company Comp	1921	Run over by street ear	1 week ago
Cerebral hemorrhage MAR 1 2002	July 5, 1927	Perilonitis	3 days ago
BURHAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1º more blanks are needed, address State Registrar. 16 W. Saratoga St., Balto., Requesting V. S.

REVISED ERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

ployed, as At school or At home. Care should be taken definite salary), may be entered as Mouscoife, House en at home, who are engaged in the duties of the a !ditional line is provided for the latter statement; it whatever, write None. tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Furmer (restate occupation at beginning of illness. If retired from or given up on account of the disease causing beath, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the oce pations of persons enhousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborerworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, (b) Automobile factory. The material Spinner, (b) Cotton mill; (a) Sulesman, (b) Crocory; should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the eases, especially in industrial employments, it is neces-Civil engineer, Stationary faremen, etc. But in many Physician, Compositor, Architect, Locomolive engineer, the first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quesenpation is very important, so that the relative health Statement of Occupation -- Precise statement of oe For many occupations a single word or term on or 4t Home, and children, not gainfully emwithout more precise specification as Day -Coal mine, etc. Wom-

"spinal meningitis"); Diphtheria (avoid use of "Crong"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, Typhoid fever (never report "Typhoid pneuminia"): fever (the only definite synonym is "Epidemie erebroed term for the same disease. Examples: Cerebrospinal to time and eausation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the Dis-

> rhage," "Inanition." "Marasmus," "Old Age," "Shock," conditions, such as "Asthenia," "Anaemia" stated unless important. Example: Measles ment of cause of death approved by Committee on head of "contributory." (Recommendations on statequences (e.g., sepsis, tetunus) may be stated under the Poisoned by curbolic acid-probably suicide. train-accident; Revolver wound of head-homicide; as probably such, if impossible to determine definitely and qualify as Accidental, Suicidal, or Homicidal, or "Puemperal sopticuemia." "Puerperal poritonitis," diseases resulting from ehildbirth or misearriage as can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease "Dropsy," "Exhanstion," "Heart failure," "Haemorsymptomatic), "Atrophy," "Collapse," "Coma," ary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronchopneumonia use of "Tumor" for malignaut neoplasms); Meastes; inges, peritonaeum, etc., Carcinomu, Sarcoma, etc., of ture of the injury, as fracture of skull, and conse-Examples: State cause Chronic interstitial nephritis, etc. unqualified, is indefinite); Tuberculosis of lungs, men-Nomenclature of the American Medical Association.) (secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart discase; (uaune origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS State MEANS OF INJURY "Debility" Accidental drowning; Struck by railway for which surgical operation was under-("Congenital," "Senile," etc.), Always qualify all The contributory (second-(merely (disease "Con-

tions answered in detail, it will prevent further correspondonce. All the data is essential and must be obtained before the certificate is permanently filed. If this certificate is looked over thoroughly and all ques-

stated EXACTLY. PHYSICIANS should state WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. AGE should be mation should be carefully supplied. V. S. No. 1

1	PLACE OF D	EATH .	1			12042
	County /	isnings	or .		Registration Dist. No. 3	00
	Villago C City	Books	boro,	J. F. D.	No. Tashney Memorial (St.) I death occurred in a horpital or institution, give its NAME instead of street an	d number)
	Length of residence	In city or town wher	e death occurred	yrs,mos	sds. How long in U.S. if of foreign birth?yrs	.mosds
2	FULL NAME	Janas	lenn	Journe	7	
	(a) Residence: N	o. Hestn	imster,	P.f.D. 78	St., Ward.	
NATION.	DEDCOM		(Usuai place	4	If nonresident give city or town a	
2 5		OLOR OR RACE			MEDICAL CERTIFICATE OF DEATH	
1.	emale ;	White		RRIED, WIDOWED, ED (write tha word)	21. DATE OF DEATH Leby 17 5 (Month) (Day)	193 7 (Year)
58.	If married, widowed, or HUSBAND of (or) WIFE of	divorced	1.71		22. I HEREBY CERTIFY, That I attende	ed deceased from
-	Lac	young	de for	mg -	Jan 25 ,1932, to Feb 17	, 19 3-7
	DATE OF BIRTH (month	n, day, and year)	1431-8-	-7/.	hast saw has alive on 17, 199	death is sale
7. /	AGE Years	Months	Days	If LESS than 1 day,hrs.	to have occurred on the data stated above, at J. 30 P.m.	
	88	6	10	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importanca were as follows:	Date of onset
5	8. Trade, profession, kind of work d	one, as SPINNER.	Zana			
-	9. Industry or busine	KKEEPER, etc ess in which			Plan Managarita	1 60
CCUPATION	work was done SAW MILL, BA	, as SILK MILL, NK, atc			ovvini vogo-carocció.	4000 104
3	10. Date deceased las this occupation yaar)	(month and	Spa Spa	time (years) ent in this upation	V	
12.	BIRTHPLACE (city or to	own) 🤝			Other Contributory Causes of Importance:	
	(State or country)	mary	fand.		Chronic Bronelitis.	about Eq.
בא	13. NAME	Unteres	man.			
FATHER	14. BIRTHPLACE (city				Name of oparation Date of	
	(State or count				What test confirmed diagnosis? Was there as	n autopsy?
1	15. MAIDEN NAME	/7			23. If death was due to external causes (VIOLENCE) fill in elso the follow	ing:
MOIHER	16. BIRTHPLACE (city				Accident, suicide, or homicide? Data of Injury	, 19
2	(Stata or coun	(ry)	00		Where did injury occur? (Specify city or town, county and S	
17.	(Address)	30 mole	no Ro	tre	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC I	PLACE.
18.	BURIAL, CREMATION,	1.10	12° E1	71	Manner of injury	
	Placa Sauce	es alimi	J. Date 2	4.22/ =, 19.32	Natura of injury	
19.	UNDERTAKER (Address)	Mindiel	elts. ma	· · · · · · · · · · · · · · · · · · ·	24. Was diseasa or injury in any way related to occupation of deceased? If so, specify	m.w.
20.	FILED Febru 19	3.,1932 Cl	Miami). Back Registrar.	(Signed) (Address) Bousbors, In	dM. I

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUBRAU V. S	¥ -		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year